2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#762429

Jan 27, 2003 Secretary of State

Entity Name: AMBERWOOD LAKE CONDOMINIUM ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business: 16171 AMBERWOOD CT APT 1 FT MYERS, FL 33908 **New Mailing Address: Current Mailing Address:** 12650 WHITHALL DR 12650 WHITHALL DR APT 1 FT MYERS, FL 33907 US FT MYERS, FL 33907 US FEI Number: 06-1198364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENSON, MARK BENSON, MARK 12650 WHITEHALL DR 12650 WHITEHALL DR APT 1 US FT MYERS, FL 33907 FT MYERS, FL 33907 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: 01/27/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LUNN, ROBERT LUNN. ROBERT Name: Name: 16031 AMBERWOOD LAKE CT P-2 Address: 16031 AMBERWOOD LAKE CT P-2 Address: City-St-Zip: FT MYERS, FL 33908 City-St-Zip: FT MYERS, FL 33908 Title: PD () Delete Title: () Change () Addition GAMBUZZA, MARIO Name: Name: Address: 16061 AMBERWOOD LAKE CT #B1 Address: City-St-Zip: FT MYERS, FL City-St-Zip: Title: () Delete Title: () Change () Addition POELKER, JOHN Name: Name: 16081 AMBERWOOD LAKE CT #D2 Address: Address: City-St-Zip: FT MYERS, FL City-St-Zip: (X) Change () Addition Title: TD () Delete Title: Name: GELDER, ROBERT, Name: LINNELL, ROBERT 10780 TELEGRAPH RD. 16131 AMBERWOOD LAKE CT #F1 Address: Address: City-St-Zip: MEDINA, NY City-St-Zip: FORT MYERS, FL 33908 Title: Title: VD () Delete () Change () Addition CONTE, ANDREA, Name: Name: 1195-A YOUNGS RD Address: Address: City-St-Zip: WILLIAMSVILLE, NY 14221 City-St-Zip: Title: () Delete Title: () Change () Addition WESA, SUZANNE Name: Name: Address: 16151 AMBERWOOD LAKE CT #H-2 Address: FORT MYERS, FL 33908 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO GAMBUZZA PRES 01/27/2003