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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 739226 (9)

1. Corporation Name

AMBERWOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

PO BOX 2054  
BOCA RATON FL 33427-2054

Mailing Address

PO BOX 2054  
BOCA RATON FL 33427-2054

3. Date Incorporated or Qualified

06/06/1977

3a. Date of Last Report

04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANZE, ROBERT  
6163 AMBERWOODS DR.  
BOCA RATON FL 33433

81 Name

DAVID BISHIER

82 Street Address (P.O. Box Number is Not Acceptable)

21519 SASSAFRAS ROAD

83

BOCA RATON, FL. 33433

84 City

BOCA RATON,

FL

85 Zip Code

33433

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DAVID BISHIER SECRETARY

FEBRUARY 13, 1996

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S  
NAME MANZE, ROBERT  
STREET ADDRESS 6163 AMBERWOODS DR.  
CITY-STATE-ZIP BOCA RATON, FL 00000 ☒ DELETE

1.1 TITLE SECRETARY  
1.2 NAME DAVID BISHIER  
1.3 STREET ADDRESS 21519 SASSAFRAS ROAD  
1.4 CITY-STATE-ZIP BOCA RATON, FL. 33433 ☒ Change ☐ Addition

TITLE VD  
NAME BEHAR, MOISES  
STREET ADDRESS 21552 HOLLANDAIRE DR., E.  
CITY-STATE-ZIP BOCA RATON, FL 00000 ☒ DELETE

2.1 TITLE VICE-PRESEIDENT  
2.2 NAME THOMAS FERNANDEZ  
2.3 STREET ADDRESS 21585 TOLEDO ROAD  
2.4 CITY-STATE-ZIP BOCA RATON, FL. 33433 ☒ Change ☐ Addition

TITLE D  
NAME KEISCH, EDWARD  
STREET ADDRESS 6632 AMBERWOODS DR.  
CITY-STATE-ZIP BOCA RATON, FL 00000 ☐ DELETE

3.1 TITLE DIRECTOR  
3.2 NAME ROBERT MANZE  
3.3 STREET ADDRESS 6163 AMBERWOODS DR.  
3.4 CITY-STATE-ZIP BOCA RATON, FL. 33433 ☒ Change ☐ Addition

TITLE D  
NAME MCDONALD, JOHN  
STREET ADDRESS 21580 ARBOR WAY  
CITY-STATE-ZIP BOCA RATON, FL 00000 ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE P  
NAME LAUTER, ROBERT S.  
STREET ADDRESS 21557 KAPOK CIRCLE  
CITY-STATE-ZIP BOCA RATON, FL 00000 ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE T  
NAME STUBING, HAROLD  
STREET ADDRESS 6573 HOLLANDAIRE DR., W.  
CITY-STATE-ZIP BOCA RATON, FL 00000 ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold Stubing

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD STUBING, TREASURER

FEB. 13, 1996-395-1153

Date

Daytime Phone #

CR2E037 (12/95)