

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 762429 (9)
1. Corporation Name
AMBERWOOD LAKE CONDOMINIUM ASSOCIATION, INC.Principal Place of Business
16171 AMBERWOOD CT
APT 1
FT MYERS FL 33908
Mailing Address
16171 AMBERWOOD CT
APT 1
FT MYERS FL 33908-32613. Date Incorporated or Qualified
03/15/1982
3a. Date of Last Report
03/13/1996

2. Principal Place of Business		2a. Mailing Address c/o Benson's		4. FEI Number		Applied For	
21		26 12650 Whitehall Drive		06-1198364		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28 Fort Myers, FL					
Zip		Zip					
24		29 33907		30			
Country		Country					
25		30					

9. Name and Address of Current Registered Agent

DARWIN & BARB MCKEE
16171 AMBERWOOD CT
APT 1
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name	Benson, Mark
82 Street Address (P.O. Box Number is Not Acceptable)	12650 Whitehall Drive
83	
84 City	Fort Myers, FL
85 Zip Code	33907

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPAS, MARION	1.2 NAME	
STREET ADDRESS	28 CALIFORNIA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPORT, BARRY	2.2 NAME	Gambuzza, Mario
STREET ADDRESS	9267 RIDGE RD.	2.3 STREET ADDRESS	16061 Amberwood Lake Ct., #B1
CITY-ST-ZIP	MIDDLEPORT NY	2.4 CITY-ST-ZIP	Fort Myers, FL
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDEMAN, PATRICIA	3.2 NAME	Poelker, John
STREET ADDRESS	10 KELLY AVE.	3.3 STREET ADDRESS	16081 Amberwood Lake Ct., #D2
CITY-ST-ZIP	MIDDLEPORT NY	3.4 CITY-ST-ZIP	Fort Myers, FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELDER, ROBERT	4.2 NAME	
STREET ADDRESS	10780 TELEGRAPH RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEDINA NY	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, PATRICIA	5.2 NAME	Hurley, Charles
STREET ADDRESS	PECT ST.	5.3 STREET ADDRESS	16151 Amberwood Lake Court, #H4
CITY-ST-ZIP	MIDDLEPORT NY	5.4 CITY-ST-ZIP	Fort Myers, FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTE, ANDREA	6.2 NAME	
STREET ADDRESS	1195-A YOUNGS RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMSVILLE NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Signature typed or printed name of officer or director

1-10-97 (941) 277-0718

CR2E037 (9/96)

Amberwood Lake Condominium Association, Inc.

D

Burton, Geoffrey
16141 Amberwood Lake Court, #G1
Fort Myers, FL