


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Moffham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45859 (8)

1. Corporation Name
AMBER RIDGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business 2015 HEDGERON CIR OCOE FL 34761 US	Mailing Address 2015 HEDGERON CIR OCOE FL 34761-3931 US
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3. Date Incorporated or Qualified 11/01/1991	3a. Date of Last Report 06/18/1996
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2. Principal Place of Business 21 P.O. Box 397	2a. Mailing Address 26 P.O. Box 397	4. FEI Number 59-3102023	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23 Ocoee	City & State 28 Ocoee, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24 FL	Country 25	Zip 29 34761	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent FLORIDA MOMT 918 BRADSHAW TERR ORLANDO FL 32806	10. Name and Address of New Registered Agent 81 Name SUSAN FALLS 82 Street Address (P.O. Box Number is Not Acceptable) 1976 Key Lime ST 83 84 City Ocoee FL 85 Zip Code 34761
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11. Pursuant to the provisions of Sections 617.0602 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]* DATE **MARCH 28, 97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANTO, LINDA		1.2 NAME William Sindelar	
STREET ADDRESS 2015 HEDGERON CIR		1.3 STREET ADDRESS 2044 Key Lime ST	
CITY-ST-ZIP OCOE FL		1.4 CITY-ST-ZIP Ocoee, FL 34761	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD Vice Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOOD, GARY		2.2 NAME Dianne Pflanz	
STREET ADDRESS 2020 HEDGERON CIR.		2.3 STREET ADDRESS 891 Licaria Drive	
CITY-ST-ZIP OCOE FL		2.4 CITY-ST-ZIP Ocoee, FL 34761	
TITLE STD	<input type="checkbox"/> DELETE	3.1 TITLE STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORGAN, JAMES R.		3.2 NAME James R. Morgan	
STREET ADDRESS 1944 HEDGERON CIR		3.3 STREET ADDRESS 1944 Hedgeron Cir.	
CITY-ST-ZIP OCOE FL		3.4 CITY-ST-ZIP Ocoee, FL 34761	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 I am 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.

CR2E037 (9/96)