

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001572

1. Entity Name

AMBERWYND OF SNEADS ISLAND HOMEOWNERS ASSOCIATIO

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90099 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5544 FOX HOLLOW DR  
BOCA RATON FL 33486

5544 FOX HOLLOW DR  
BOCA RATON FL 33486-8647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0645214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAWA, ABRAHAM DR  
5544 FOX HOLLOW DRIVE  
BOCA RATON FL 33486

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KAWA, ABRAHAM	
STREET ADDRESS	5544 FOX HOLLOW DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KAWA, JOAN	
STREET ADDRESS	5544 FOX HOLLOW DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONIGLIO, SAMUEL M III	
STREET ADDRESS	7638 301 BLVD.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CONIGLIO, CAROL A	
STREET ADDRESS	7638 301 BLVD.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	LARRY KAWA	<input type="checkbox"/> Delete
NAME	6144 NW 24 ST.	
STREET ADDRESS	Boca Rat	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELETE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELETE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY KAWA	
STREET ADDRESS	6144 NW 24 ST.	
CITY-ST-ZIP	Boca Raton Fla. 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)