

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45859

1. Entity Name

AMBER RIDGE HOMEOWNER'S ASSOCIATION, INC.



FILED

Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90008 005 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 397
OCOE FL 34761
US

P.O. BOX 397
OCOE FL 34761
US

2. Principal Place of Business

1500 WURST RD, STE 1

Suite, Apt. #, etc.

3. Mailing Address

1500 WURST RD

Suite, Apt. #, etc.

SUITE 1

City & State

OCOE, FL 34761

City & State

OCOE, FL

Zip

Country

US

Zip

34761

Country

US

4. FEI Number

59-3102023

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

FALLS, SUSAN

1976 KEY LIME ST.
OCOE FL 34761

1500 WURST RD, STE 1
OCOE, FL 34761

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

After September 13, 2000 min. will be \$236.25

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
NAME SINDELAR, WILLIAM
STREET ADDRESS 2044 KEY LIME ST.
CITY-ST-ZIP OCOEE FL 34761

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME PFLANZ, DIANNE
STREET ADDRESS 891 LIEARIA DR.
CITY-ST-ZIP OCOEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD
NAME MORGAN, JAMES S.
STREET ADDRESS 1944 HEDGEROW CIR
CITY-ST-ZIP OCOEE FL 34761

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD
NAME PEAGAN, JACQUELINE A
STREET ADDRESS 887 LICARIA DR
CITY-ST-ZIP OCOEE FL 34761

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD
NAME OWENS, JAMES
STREET ADDRESS 801 LICARIA DR
CITY-ST-ZIP OCOEE FL 34761

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Felix W. Witches, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-00

Date

407-672-5360

Daytime Phone #

CR2E037 (5/00)