

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45859

1. Entity Name

AMBER RIDGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

1500 WURST RD. STE. 1  
OCOE FL 34761  
US

Mailing Address

1500 WURST RD. STE. 1  
OCOE FL 34761  
US

2. Principal Place of Business

PO Box 593

3. Mailing Address

PO Box 593

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocoee FL

City & State

Ocoee FL

4. FEI Number

59-3102023

Applied For

Not Applicable

Zip

34761

Country

USA

Zip

34761

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FALLS, SUSAN  
1500 WURST RD STE. 1  
OCOE FL 34761

7. Name and Address of New Registered Agent

Name

Dianne M. Pflanz

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

891 Licaria Dr.

City

Ocoee

FL

Zip Code  
34761

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

Dianne M. Pflanz

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

(NOTE: Registered Agent signature required when reinstating)

2/20/02

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

TITLE PD  
NAME WAITCHES, FELIX  
STREET ADDRESS 1500 WURST RD. STE. 1  
CITY-ST-ZIP OCOEE FL 34761 ☐ Delete

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

TITLE TD  
NAME MOORE, RONALD  
STREET ADDRESS 1500 WURST RD. STE. 1  
CITY-ST-ZIP OCOEE FL 34761 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 and typed or printed name of signing officer or director

2-20-02

407-332-4520

Date Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

FILED

Mar 06, 2002 8:00 am  
Secretary of State

03-06-2002 90093 012 \*\*\*\*61.25