

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90044 045 ****61.25

DOCUMENT # N45859					
1. Entity Name AMBER RIDGE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business PO BOX 593 OCOE, FL 34761 US		Mailing Address PO BOX 593 OCOE, FL 34761 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3102023	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Applied For Not Applicable	
Zip		Country		01222005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MIFFLANZ, DIANAE 891 LICARTA DR OCOE, FL 34761			Name <u>Pflanz Dianne</u> Street Address (P.O. Box Number is Not Acceptable) <u>891 Licaria Dr.</u> City <u>FL</u> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WAITCHES, FELIX	NAME			
STREET ADDRESS	1500 WURST RD. STE. 1	STREET ADDRESS			
CITY-ST-ZIP	OCOE, FL 34761	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	(Spelling) <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PFLANA, DIANNE	NAME	<u>Pflanz Dianne</u>		
STREET ADDRESS	891 LIEARIA DR.	STREET ADDRESS	<u>891 Licaria Dr.</u>		
CITY-ST-ZIP	OCOE, FL 34761	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOORE, RONALD	NAME			
STREET ADDRESS	1500 KEY LIME DR	STREET ADDRESS			
CITY-ST-ZIP	OCOE, FL 34761	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OWENS, JAMES	NAME			
STREET ADDRESS	801 LICARIA DR	STREET ADDRESS			
CITY-ST-ZIP	OCOE, FL 34761	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u>Felix S. Waitches</u>			Date <u>2-4-05</u> Daytime Phone # <u>407-654-5427</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		