

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 739226

1. Entity Name
AMBERWOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
PO BOX 2054
BOCA RATON, FL 33427-2054

Mailing Address
PO BOX 2054
BOCA RATON, FL 33427-2054

FILED
06 MAR 23 AM 10:42

FLORIDA DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2021812

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

STUBING, HAROLD
6573 HOLLANDAIRE DR W
BOCA RATON, FL 33433

Name
Michael Gelfard, P.A.
Street Address (P.O. Box Number is Not Acceptable)

1555 Palm Beach Lakes Blvd Suite 1220

City
W. Palm Beach

FL

Zip Code
33401

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/06

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
NEBENZAHL, ANNE
21597 KAPOK CIRCLE
BOCA RATON, FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Michael Borgioli
6206 Amberwoods Dr
Boca Raton FL 33433 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WISE, RODNEY
21534 SASSAFRAS RD
BOCA RATON, FL 33433 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Laura Walsh Lawlor
6315 Amberwoods Dr
Boca Raton FL 33433 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GABRIONE, MARK
6510 AMBERWOODS DR.
BOCA RATON, FL 33433 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Luis Ramos
6719 Hollandaire Dr West
Boca Raton FL 33433 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
COVITZ, ERIK
21521 CAVANDISH ROAD
BOCA RATON, FL 33433 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Deborah Covitz
21521 Cavandish Rd
Boca Raton FL 33433 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KIETZMANN, LORI
21593 EUCALYPTUS WAY
BOCA RATON, FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Dennis Mcmackin
21579 Eucalyptus way
Boca Raton FL 33433 ☐ 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 exemptions contained in Chapter 119, 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

3/15/2006

Date

Daytime Phone #

(561)

417-4169