

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 739226

**Entity Name:** AMBERWOODS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

21530 MAHOE RD  
BOCA RATON, FL 33433

**Current Mailing Address:**

PO BOX 2054  
BOCA RATON, FL 33427-2054

**FEI Number:** 59-2021812

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GELFAND, MICHAEL P.A.  
1555 PALM BEACH LAKES BLVD  
SUITE 1220  
W PALM BEACH, FL 33401 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HASSON , LEE  
Address        6745 HOLLANDAIRE DRIVE WEST  
City-State-Zip: BOCA RATON FL 33433

Title            VP  
Name            CALABRESE, ORLANDO GLEN  
Address        21552 EUCALYPTUS WAY  
City-State-Zip: BOCA RATON FL 33433

Title            SECRETARY  
Name            GOODWIN, JULIE  
Address        6230 AMBERWOODS DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title            DIRECTOR  
Name            LYNCH, MICHAEL  
Address        6176 AMBERWOODS DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title            TREASURER  
Name            MANERS, TOBY  
Address        21530 MAHOE ROAD  
City-State-Zip: BOCA RATON FL 33433

Title            DIRECTOR  
Name            PINNELLA, ALBERT  
Address        6293 AMBERWOODS DRIVE  
City-State-Zip: BOCA RATON FL 33433

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JULIE GOODWIN

**SECRETARY**

**08/20/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date