

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762429

**Entity Name:** AMBERWOOD LAKE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**13461 PARKER COMMONS BLVD #101  
FT MYERS, FL 33912**Current Mailing Address:**13461 PARKER COMMONS BLVD #101  
FT MYERS, FL 33912**FEI Number:** 06-1198364**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASSOCIA GULF COAST, INC  
13461 PARKER COMMONS BLVD #101  
FT MYERS, FL 33912 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:** MICHAEL FLEMING

02/20/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GAMBUZZA, MARIO  
Address        13461 PARKER COMMONS BLVD #101

City-State-Zip: FT MYERS FL 33912

Title            SECRETARY  
Name            MCCLINTIC, ROBERT  
Address        13461 PARKER COMMONS BLVD #101

City-State-Zip: FT MYERS FL 33912

Title            DIRECTOR  
Name            BARNES, SCOTT  
Address        13461 PARKER COMMONS BLVD #101

City-State-Zip: FORT MYERS FL 33912

Title            DIRECTOR  
Name            KULBAGO, EUGENE  
Address        13461 PARKER COMMONS BLVD  
                 101

City-State-Zip: FT. MYERS FL 33912

Title            VP  
Name            CONTE, ANDREA  
Address        13461 PARKER COMMONS BLVD #101

City-State-Zip: FT MYERS FL 33912

Title            TREASURER  
Name            WESA, SUZANNE  
Address        13461 PARKER COMMONS BLVD #101

City-State-Zip: FORT MYERS FL 33912

Title            DIRECTOR  
Name            BARLOW, LAWRENCE  
Address        13461 PARKER COMMONS BLVD #101

City-State-Zip: FORT MYERS FL 33912

*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:** MARIO GAMBUZZA

PRESIDENT

02/20/2016

Electronic Signature of Signing Officer/Director Detail

Date