

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45859

**Entity Name:** AMBER RIDGE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

891 LICARIA DR  
OCOEE, FL 34761

**FILED**  
**Mar 06, 2013**  
**Secretary of State**  
**CC2087286730**

**Current Mailing Address:**

PO BOX 593  
OCOEE, FL 34761 US

**FEI Number: 59-3102023**

**Certificate of Status Desired: No**

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

PFLANZ, DIANNE  
891 LICARIA DR  
OCOEE, FL 34761 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 PD  
Name WAITCHES, FELIX  
Address 1500 WURST RD. STE. 1  
City-State-Zip: OCOEE FL 34761

Title T  
Name PFLANZ, DIANNE  
Address 891 LIEARIA DR.  
City-State-Zip: OCOEE FL 34761

Title VPD  
Name SEEGOBIN, AURUNEY  
Address 2098 KEY LIME ST  
City-State-Zip: OCOEE FL 34761

Title SD  
Name BARK, JENNIFER  
Address 2032 HEDGEROW CIRCLE  
City-State-Zip: OCOEE FL 34761

*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: DIANNE PFLANZ**

**SEC/TREAS**

**03/06/2013**

Electronic Signature of Signing Officer/Director Detail

Date