

**2015 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  
OCOE, FL 34761**Current Mailing Address:**PO BOX 593  
OCOE, FL 34761 US**FEI Number:** 59-3102023**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PFLANZ, DIANNE  
891 LICARIA DR  
OCOE, 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:	OCOE FL 34761

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

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

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

Title	MEMBER AT LARGE
Name	CLAYTON, STEPHANIE
Address	6 CROOMIA CT
City-State-Zip:	OCOE 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**TREASURER****03/06/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date