

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003003

**Entity Name:** AMBER VALLEY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4544 AMBER VALLEY DR.  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

4544 AMBER VALLEY DR.  
TALLAHASSEE, FL 32312

**FEI Number:** 59-3296062

**Certificate of Status Desired:** No

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

COOPER, CAROL M  
4544 AMBER VALLEY DR.  
TALLAHASSEE, FL 32312 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 DP  
Name DILL, DENA  
Address 4333 AMBER VALLEY DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title SD  
Name KRUIS, JENNIFER  
Address 4409 AMBER VALLEY DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title VD  
Name IADANZA, PATRICIA  
Address 4357 AMBER VALLEY DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title TD  
Name COOPER, CAROL M  
Address 4544 AMBER VALLEY DR.  
City-State-Zip: TALLAHASSEE FL 32312

*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:** CAROL M COOPER

**TREASURER**

**01/28/2017**

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

\_\_\_\_\_  
Date