

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001572

Entity Name: AMBERWYND OF SNEAD ISLAND HOMEOWNERS
ASSOCIATION, INC.**Current Principal Place of Business:**1101 9TH AVE WEST
BRADENTON, FL 34205**Current Mailing Address:**1101 9TH AVE WEST
BRADENTON, FL 34205**FEI Number:** 65-0645214**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CABANILLAS, DENISE K
1101 9TH AVE WEST
BRADENTON, FL 34205 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	TREASURER
Name	WEAR, PAT
Address	1747 AMBERWYND CIR W
City-State-Zip:	PALMETTO FL 34221
Title	SECRETARY
Name	DERKSEN, STEVE
Address	1858 AMBERWYND CIRCLE W
City-State-Zip:	PALMETTO FL 34221
Title	VP
Name	PATZER, EMMONS
Address	1850 AMBERWYND CIRCLE
City-State-Zip:	PALMETTO FL 34221

Title	DIRECTOR
Name	KNOWLES, ROSS
Address	1720 AMBERWYND CIRCLE W
City-State-Zip:	PALMETTO FL 34221
Title	PRESIDENT
Name	REEMELIN, TOM
Address	1724 AMBERWYND CIRCLE
City-State-Zip:	PALMETTO FL 34221

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: TOM REEMELIN**PRESIDENT****04/15/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date