

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001572

Entity Name: AMBERWYND OF SNEAD ISLAND HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**9031 TOWN CENTER PKWY
LAKEWOOD RANCH, FL 34202**Current Mailing Address:**9031 TOWN CENTER PKWY
LAKEWOOD RANCH, FL 34202 US**FEI Number:** 65-0645214**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADVANCED MANAGEMENT OF SW FL
9031 TOWN CENTER PKWY
LAKEWOOD RANCH, FL 34202 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:** MAT D WILSON

03/31/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	RUBINS, BETH
Address	9031 TOWN CENTER PKWY
City-State-Zip:	LAKEWOOD RANCH FL 34202

Title	VP
Name	MORELAND, REBECCA
Address	9031 TOWN CENTER PKWY
City-State-Zip:	LAKEWOOD RANCH FL 34202

Title	TREASURER
Name	DIEM, JOHN R
Address	9031 TOWN CENTER PKWY
City-State-Zip:	LAKEWOOD RANCH FL 34202

Title	SECRETARY
Name	LOVERJOY, TRUDY
Address	9031 TOWN CENTER PKWY
City-State-Zip:	LAKEWOOD RANCH FL 34202

Title	DIRECTOR
Name	MURTAUGH, STEVE
Address	9031 TOWN CENTER PKWY
City-State-Zip:	LAKEWOOD RANCH FL 34202

Title	ASST. SECRETARY
Name	WILSON, MAT D
Address	9031 TOWN CENTER PKWY
City-State-Zip:	LAKEWOOD RANCH FL 34202

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: MAT D WILSON

AS

03/31/2023

Electronic Signature of Signing Officer/Director Detail

Date