

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # 731592

1. Entity Name

AMBERLEA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1622 DALE CIRCLE N  
DUNEDIN FL 34698  
US

Mailing Address

1622 DALE CIRCLE N  
DUNEDIN FL 34698  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2889022

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOWLES, CARL H  
1622 DALE CIRCLE N  
DUNEDIN FL 34698

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carl H. Bowles, Jr.*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renaming)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COWGER, DEBBIE 1351 AMBERLEA DR EAST DUNEDIN FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELTZ, LILLIAN 1626 DALE CIR. NO. DUNEDIN, FL. 34698-4760	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELTZ, LILLIAN 1626 DALE CIR. N. DUNEDIN FL 34698-4760	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIANA GOODRICH 1363 OVERLEA DR. DUNEDIN, FL. 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUCEK, JOYCE 1157 BROOK DR E DUNEDIN FL 34698	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEBBIE PAPPAS 1393 OVERLEA DR. DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOWLES, CARL 1622 DALE CIRCLE DUNEDIN FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carl H. Bowles, Jr.* *Carl H. Bowles, Jr.* 3/01/05 (727) 734-0027  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED  
Mar 04, 2005 8:00 am  
Secretary of State**

03-04-2005 90089 030 \*\*\*\*61.25



1st MOORE CR2E037 (10/04)