


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90095 009 *****61.25

DOCUMENT # 731592	
1. Entity Name	
AMBERLEA HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
1622 DALE CIRCLE N DUNEDIN FL 34698 US	1622 DALE CIRCLE N DUNEDIN FL 34698 US



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For	
59-2889022		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New 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 (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWLES, CARL	NAME	
STREET ADDRESS	1622 DALE CIRCLE	STREET ADDRESS	
CITY- ST- ZIP	DUNEDIN FL 34698	CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNLAP, DAVID	NAME	
STREET ADDRESS	1155 DALE CIR. NO	STREET ADDRESS	
CITY- ST- ZIP	DUNEDIN FL 34698	CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, LYNDIA	NAME	
STREET ADDRESS	1332 OVERLEA DR.	STREET ADDRESS	
CITY- ST- ZIP	DUNEDIN FL 34698	CITY- ST- ZIP	
TITLE	SECTY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINERVA GRANGER	NAME	MINERVA GRANGER
STREET ADDRESS	1619 DALE CIR. NO.	STREET ADDRESS	1619 DALE CIR. NO
CITY- ST- ZIP	DUNEDIN, FL 34698	CITY- ST- ZIP	DUNEDIN, F 34698
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Date 2/01/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR