FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

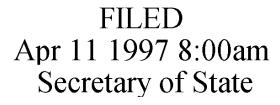
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(6)

THE VILLAS OF AMBERWOOD CONDOMINIUM ASSOCIATION



INC.													
Principal Place	e of Business		Mailing Address					† I DE III I I	 		BIS	IBIH AKAM IBI	
10070 NW 41 ST. MIAMI FL 33178			10070 NW 41 ST. MIAMI FL 33178-2920										
							3	 Date Incorp 07/14 	orated or Qualified /1980	3a. D	ate of Last F 02/02/19		
Principal Place of Business The Principal Place of Business				2a. Mailing Address			4	I. FEI Numbe 59-20	99483			oplied For ot Applicable	
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			5	5. Certificate	of Status Desired		\$8.75	Additional equired	
City & State			City 8	City & State			e		mpaign Financing	——————————————————————————————————————	\$5.00	May Be	
23] Zip	p Country			Zip Country			E		Contribution ation has liability for		e tax under s	to Fees 199.032,	
24	25		29	<u> </u>			Florida Stat		☐ Yes				
	9. Name a	and Address of Curre	nt Registered .	Agent		r -:-	10). Name and	Address of New I	Registered	Agent		
					81	Name	DAL	e 0	STONISE	-		İ	
FRANCIS, RONALD L						Street		ALE OSTROWSKI Press (P.O. Box Number is Not Acceptable)					
10194 NW 41						10	1142	DORAL					
miami fl	L 33178				83								
					64	City					85 Zip	Code	
							CAM	L	_	FL	331		
11. Pursuant	to the provision	ons of Sections 617.05	02 and 617.150	8, Florida Statutes	the abov	e-named	corporati	ion submits the	is statement for the	purpose o	of changing i	ts registered	
agent la	ım lamiliar witi	ent, or both, in the State h, and accept the oblig	ations of Secti	ion 617.0503, Flori	da Statute	y une conp S.	JUI ALIUH 8	DOME OF THE	ctors. Thereby act	epi ine ap	ponitinent as	1 egistered	
SIGNATURE .	_ر	. Can										1	
	Signature, typed o	r printed name of registered ag				ent signature	required who	en reinstating)		DATE			
12.	г	OFFICERS AN	ID DIRECTORS		13.			ADDITIONS/	CHANGES TO OF	FICERS AN			
TITLE	PD			DELETE	1.1 TITLE		PD				L. Change	Addition	
NAME		s, ronald l			1.2 NAME		DALE)WSKI				
STREET ADDRESS	10194 NV	V 41 ST		2		TADDRESS 1014		2 DORA	L BLVD.			j	
CITY-ST-ZiP	MIAMI FL			1			MIAMI FL 83/7						
1/TLF	SD			DELETE			PAUL	و سود را المهميات	3		Change	Addition	
NAME	MCNAMA	ra, cary			2.2 NAME							i	
STREET ADDRESS	10034 NV				2.3 STREET ADDRES			DORAL				1	
CITY - S1 - ZIP	MIAMI FL			2.4 CITY-ST		ST-ZIP	MIAC	nz FL	33178	 			
TITLE	VPD			DELETE	3.1 TITLE		50	44.45-	·		Change	Addition	
NAME		LOURDES			3.2 NAME		ANDY	MARTI					
STREET ADDRESS		V 41TH STREET				ADDRESS	10156						
CHY-S1-ZIP	MIAMI FL			C8 50,000	3.4. CITY-	ST - ZIP	WIA	ME FL	. 33178	··········	T"1 ~		
TITLE	TD			DELETE	4.1 TITLE		D				Change	Addition	
NAME		A, MERCEDEZ			4. 2 NAME		BEVE	_	ERBLOM			ŀ	
STREET ADDRESS		V 41THSTREET			4.3 STREET	F ADDRESS	10038					,	
CITY-ST-ZIP	MIAMI FL				4.4 CITY - 5	T-ZIP	MIA	MI FL	33178				
TITLE	D			DELETE	5.1 TITLE						☐ Change	Addition	
NAME	MENA, R				52 NAME		Ì]	
STREET ADDRESS	10036 NV	V 41 ST			5.3 STREE	I ADDRESS						,	
CITY - ST - ZIP	MIAMI FL		··		5.4 CITY - 5	T-ZIP					T1 2:		
THTLE				DELETE	6.1 TITLE						☐ Change	Addition	
NAME	}				6.2 NAME								
STREET ADDRESS	ļ				6.3 STREET	ADDRESS							
CHTY-ST-ZIP			·		6.4 CITY-5	ST - ZIP)	VOLUME TO THE PARTY OF THE PART				

I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

0033184