

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753327 (6)**

1. Corporation Name  
**THE VILLAS OF AMBERWOOD CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 10070 NW 41 ST. MIAMI FL 33178	Mailing Address 10070 NW 41 ST. MIAMI FL 33178-2920
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/14/1980	3a. Date of Last Report 02/02/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2099483	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

81 Name DALE OSTROWSKI	82 Street Address (P.O. Box Number is Not Acceptable) 10142 DORAL BLVD	83	84 City MIAMI	85 Zip Code FL 33178
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9. Name and Address of Current Registered Agent  
**FRANCIS, RONALD L**  
**10194 NW 41**  
**MIAMI FL 33178**

10. Name and Address of New Registered Agent

81 Name DALE OSTROWSKI	82 Street Address (P.O. Box Number is Not Acceptable) 10142 DORAL BLVD	83	84 City MIAMI	85 Zip Code FL 33178
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FRANCES, RONALD L	
STREET ADDRESS	10194 NW 41 ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCNAMARA, CARY	
STREET ADDRESS	10034 NW 41 ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LALLAVE, LOURDES	
STREET ADDRESS	10190 NW 41TH STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BONARIVA, MERCEDEZ	
STREET ADDRESS	10070 NW 41TH STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MENA, ROBERT	
STREET ADDRESS	10038 NW 41 ST	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DALE OSTROWSKI	
1.3 STREET ADDRESS	10142 DORAL BLVD.	
1.4 CITY - ST - ZIP	MIAMI FL 33178	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAUL STOVER	
2.3 STREET ADDRESS	10114 DORAL BLVD.	
2.4 CITY - ST - ZIP	MIAMI FL 33178	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANDY MARTINEZ	
3.3 STREET ADDRESS	10156 DORAL BLVD.	
3.4 CITY - ST - ZIP	MIAMI FL 33178	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BEVERLY AKERBLUM	
4.3 STREET ADDRESS	10038 DORAL BLVD.	
4.4 CITY - ST - ZIP	MIAMI FL 33178	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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:  591-3091  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033184

CR2E037 (9/96)