FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(6)

THE VILLAS OF AMBERWOOD CONDOMINIUM ASSOCIATION,

FILED Mar 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			A 100111 10001 OLIOO 11100 11118 11811 EESA DYOK BIBIT BIBIT QIDIX DIQIL GIBII (60)	
10070 NW 41 ST. MIAMI FL 33178		10070 NW 41 ST. MIAMI FL 33178		3. Date Incorporated or Qualified 07/14/1980 4. FEI Number Applied For
				59-2099483 Not Applicable
2. Principal P	lace of Business	2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Election Campaign Financing \$5.00 May Be
22	—	27		Trust Fund Contribution
City & State	9	City & State		7. Is this nonprofit corporation a homeowners association?
23		28	1 0 4	Yes No
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
9. Name and Address of Current Registered Agent			1901	10. Name and Address of New Registered Agent
			81 Name	
OSTROWSKI, DALE				Address (P.O. Box Number is Not Acceptable)
10142 DORAL BLVD			02 Sileet A	Address (F.O. Box Mulliber to Mot Acceptable)
MIAMI FI			83	
			84 City	85 Zip Code
				FL
l office or r	to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	authorized by the corp	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE .				
	Signature, typed or printed name of registered ag	· · · · · · · · · · · · · · · · · · ·	E: Registered Agent signature	
12.		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	PD Ostrowski		1.1 TITLE 1.2 NAME	Change Machini
NAME STREET ADDRESS	10142 DORAL BLVD		1.2 NAME 1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	VD VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STOVER, PAUL	_	2.2 NAME	
STREET ADDRESS	10114 DORAL BLVD		2.3 STREET ADORESS	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - ST - ZIP	
TITLE	SD SD	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, ANDY		3.2 NAME	j
STREET ADDRESS	10156 DORAL BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4. CITY - ST - ZIP	
TITLE	D	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	AKERBLOM, BEVERLY		4. 2 NAME	

CITY-ST-ZIP 14. 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 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETÉ

DELETE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

10038 DORAL BLVD

MIAMI FL

V 0-12-00

Change

Change

Addition

Addition