


FILED
May 17, 2007 8:00 am
Secretary of State

04-26-2007 90224 050 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 755605			
1. Entity Name AMBERLEY COURT HOMEOWNER ASSOCIATION, INC.			
Principal Place of Business 9371 CYPRESS LAKE DR 19 FT. MYERS, FL 33919		Mailing Address 9371 CYPRESS LAKE DR 19 FT. MYERS, FL 33919	
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
		4. FEI Number 59-2771932	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAGLIARINI, ARMANDO J 9371 CYPRESS LAKE DR 19 FT. MYERS, FL 33919		7. Name and Address of New Registered Agent Name <u>RAM HARITH</u> Street Address (P.O. Box Number is Not Acceptable) <u>9371-19 CYPRESS LAKE DR.</u> City <u>FORT MYERS</u> FL <u>33919</u>	
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 <u>Ram Harith - Accountant</u> <u>[Signature]</u> <u>4/23/07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE			
Filing 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>0</u> <u>WYMER, DAN</u> <u>6324 PANTHER LANE #12</u> <u>FT. MYERS, FL 33919</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>[Signature]</u> <u>DAN WYMER</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4-23-07</u> <u>239-810-4801</u> Date Daytime Phone #	