

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765454

FILED
Apr 13, 2005
Secretary of State

Entity Name: AMBERWOOD COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1553 SUGARWOOD CIRCLE
WINTER PARK, FL 32792 US

New Principal Place of Business:

1562 SUGARWOOD CIRCLE
WINTER PARK, FL 32792 US

Current Mailing Address:

PO BOX 2231
GOLDENROD, FL 32733 US

New Mailing Address:

FEI Number: 59-2367093 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DICENSO, CAROLYN
1553 SUGARWOOD CIRCLE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

MOLINELLI, STACEY
1562 SUGARWOOD CIRCLE
WINTER PARK, FL 32792 US

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.

SIGNATURE: STACEY MOLINELLI

04/13/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DICENSO, CAROLYN
Address: 1553 SUGARWOOD CIRCLE
City-St-Zip: WINTER PARK, FL 32792

Title: TD () Delete
Name: ALLEYNE, ROMAN L
Address: 3910 WOODGLAD COVE
City-St-Zip: WINTER PARK, FL 32792

Title: VPD () Delete
Name: APPLEGATE, BRIAN
Address: 1595 SUNFLOWER COURT
City-St-Zip: WINTER PARK, FL 32792

Title: S () Delete
Name: MOLINELLI, STACEY
Address: 1562 SUGARWOOD CIRCLE
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOLINELLI, STACEY
Address: 1562 SUGARWOOD CIRCLE
City-St-Zip: WINTER PARK, FL 32792

Title: TD (X) Change () Addition
Name: MCGRADY, DEBI L
Address: 1560 SUGARWOOD CIRCLE
City-St-Zip: WINTER PARK, FL 32792

Title: VPD (X) Change () Addition
Name: MCGRADY, DEBI
Address: 1560 SUGARWOOD CIRCLE
City-St-Zip: WINTER PARK, FL 32792

Title: S (X) Change () Addition
Name: CALOGERO, MARY
Address: 3909 WOODGLADE COVE
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACEY MOLINELLI

PD

04/13/2005

Electronic Signature of Signing Officer or Director

Date