

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765454

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** AMBERWOOD COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

3902 WOODGLADE COVE  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

1560 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:**

ANGARITA, HENRY  
3902 WOODGLADE COVE  
WINTER PARK, FL 32792 US

**Name and Address of New Registered Agent:**

MCGRADY, ARON  
1560 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: ARON MCGRADY

01/07/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ANGARITA, HENRY  
Address: 3902 WOODGLADE COVE  
City-St-Zip: WINTER PARK, FL 32792

Title: T ( ) Delete  
Name: MCGRADY, ARON B  
Address: 1560 SUGARWOOD CIRCLE  
City-St-Zip: WINTER PARK, FL 32792

Title: V ( ) Delete  
Name: VALADE, VALERIE  
Address: 1530 SUGARWOOD CIRCLE  
City-St-Zip: WINTER PARK, FL 32792

Title: S ( ) Delete  
Name: WATTS, NILDA  
Address: 3909 SUNFLOWER COURT  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: VALADE, VALERIE  
Address: 1530 SUGARWOOD CIRCLE  
City-St-Zip: WINTER PARK, FL 32792

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: REEL, MARY  
Address: 1532 SUGARWOOD CIRCLE  
City-St-Zip: WINTER PARK, FL 32792

Title: S (X) Change ( ) Addition  
Name: APPELEGATE, BELINDA  
Address: 1595 SUNFLOWER CT  
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ARON MCGRADY

T

01/07/2008

Electronic Signature of Signing Officer or Director

Date