


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90030 022 \*\*\*\*61.25

<b>DOCUMENT #</b> N01000000930	
<b>1. Entity Name</b> AMBERLEIGH HOMEOWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> 2431 ALOMA AVE SUITE 133 WINTER PARK, FL 32792	<b>Mailing Address</b> 2431 ALOMA AVE. SUITE 133 WINTER PARK, FL 32792
--	---

<b>2. Principal Place of Business - No P.O. Box #</b> 301 Lake Amberleigh Dr.	<b>3. Mailing Address</b> 301 Lake Amberleigh Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Winter Garden, FL	<b>City &amp; State</b> Winter Garden, FL
<b>Zip</b> 34787	<b>Country</b> USA
<b>Zip</b> 34787	<b>Country</b> USA

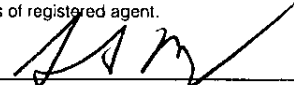
40008600



01262007 Chg-NP CR2E037 (12/06)

<b>4. FEI Number</b> 59-3722637	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BRIDGETTE ROSS PA 2431 ALOMA AVE. SUITE 133 WINTER PARK, FL 32792	
<b>7. Name and Address of New Registered Agent</b> Name: Stephen Herzig Street Address (P.O. Box Number is Not Acceptable): 448 Lake Amberleigh Dr. City: Winter Garden FL Zip Code: 34787	

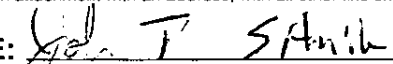
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE:  **1/30/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> HERZIG, STEPHEN 448 LAKE AMBERLEIGH DR WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> Walker, Robin 420 Lake Amberleigh Drive Winter Garden, FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> BUONAURO, MARIA C 365 LAKE AMBERLEIGH DR WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, Secretary</b> Jason Kob 211 Arnel Ct. Winter Garden, FL 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> WALKER, ROBIN 420 LAKE AMBERLEIGH DR WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> SITNIK, JOHN 397 LAKE AMBERLEIGH DR WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MARZAK, CHRISTOPHER 424 LAKE AMBERLEIGH DR WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> DWORKIN-MCDANIEL, NORINE 342 LAKE AMBERLEIGH DR WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**  **1/30/07 407-620-7732**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #