

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000930

FILED
Mar 18, 2009
Secretary of State

Entity Name: AMBERLEIGH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

301 LAKE AMBERLEIGH DR
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

301 LAKE AMBERLEIGH DR
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 59-3722637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERZIG, STEPHEN
448 LAKE AMBERLEIGH DR
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERZIG, STEPHEN
Address: 448 LAKE AMBERLEIGH DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP () Delete
Name: BUONAURO, MARIA C
Address: 365 LAKE AMBERLEIGH DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: WALKER, ROBIN
Address: 420 LAKE AMBERLEIGH DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: DS () Delete
Name: KOB, JASON
Address: 211 ARNEL CT
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: DWORKIN-MCDANIEL, NORINE
Address: 342 LAKE AMBERLEIGH DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D () Change (X) Addition
Name: WEECH, EHAN
Address: 416 LAKE AMBERLEIGH DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

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: STEPHEN HERZIG

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date