2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90250 005 ****61.25

DOCUMENT # N02000002896

1. Entity Name
AMBERLEY PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PENN FIRST MANAGEMENT 1813 N. DEAN RD. SUITE 103 ORLANDO, FL 32817	PENN FIRST MANAGEMENT 1813 N. DEAN RD. SUITE 103 ORLANDO, FL 32817

04262004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
498 Palm Springs Drive	498 Palm Springs Drive
Suite, Apt. #, etc.: Suite 235	Suite, Apt. #, etc.: Suite 235
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32701 Country: USA	Zip: 32701 Country: USA

4. FEI Number 57-1139177 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PENN FIRST MANAGEMENT
1813 N. DEAN RD.
SUITE 103
ORLANDO, FL 32817

7. Name and Address of New Registered Agent

Name: James W. Boyle
Street Address (P.O. Box Number is Not Acceptable): 498 Palm Springs Drive, Suite 235
City: Altamonte Springs FL Zip Code: 32701

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 _____ 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D MAKRANSKY, JAMES 385 DOUGLAS AVENUE, SUITE 2000 ALTAMONTE SPRINGS, FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Thompson, Carl 3205 Amberley Park Cir Kissimmee, Florida 34743	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, TREY 385 DOUGLAS AVENUE, SUITE 2000 ALTAMONTE SPRINGS, FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DePaulo, Thomas 3306 Amberley Park Cir Kissimmee, Florida 34743	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, LISA 385 DOUGLAS AVENUE, SUITE 2000 ALTAMONTE SPRINGS, FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Martinez, Edwin 3211 Amberley Park Cir Kissimmee, Florida 34743	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STAPLETON, KIRSTEN 385 DOUGLAS AVE. SUITE 2000 ALTAMONTE SPRINGS, FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Vazquez, Noemi 3271 Amberley Park Cr Kissimmee, Florida 34743	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Dominguez, Guido 3207 Amberley Park Cr Kissimmee, Florida 34743	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. *I hereby certify* that the information supplied with this filing does not qualify 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 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: (X) Carl Thompson 4/26/2004 (407)260.5344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #