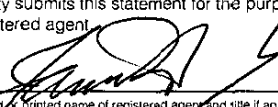
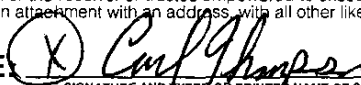


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 PENN FIRST MANAGEMENT 1813 N. DEAN RD. SUITE 103 ORLANDO, FL 32817			Mailing Address PENN FIRST MANAGEMENT 1813 N. DEAN RD. SUITE 103 ORLANDO, FL 32817		
2. Principal Place of Business 498 Palm Springs Drive Suite, Apt. #, etc. Suite 235 City & State Altamonte Springs, FL Zip 32701		3. Mailing Address 498 Palm Springs Drive Suite, Apt. #, etc. Suite 235 City & State Altamonte Springs, FL Zip 32701			
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  DATE 4/26/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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 Cr 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 Cr 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 Cr 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	☐ 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ 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 			Date 4/26/2004 Daytime Phone # (407)260-5344		