SIGNATURE

FILED 28, 2004 8:00 am retary of State 8-2004 90250 005 ****61.25

2004 NOT-FOR-PRO ANNUAL	Apr 28, 20 Secretar	004 8 'v of :	3:00 a State		
DOCUMENT # N02000002896 1. Entity Name AMBERLEY PARK HOMEOWNERS ASSOCIATION, INC.			04-28-2004 90:	•	
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	3		2 120 cuil (180 6 (62)	1 12112 121111 1 1 1 1 1 1 1 1 1 1 1 1
2. Principal Place of Business 498 PALM SPYMYS Drive Suite. Apt. #, etc. SWH 235	3. Maying Aggress 448 PAIM Sprir Suite, Apr. #, etc. Stuff 335	ngs Drive		CR2E037 (10	
Alfamonte Sprmigs FL	Altern Mesory	nas .FL	4. FEI Number 57-1139177		Applied For Not Applica
32701 Country	Zip Co	S A	5. Certificate of Status Desired	Fee F	5 Additional Required

City & State	e Sarnais Fl	City & State Al fem rute 5	iorinas F	4. FEI Number 57-113917	7		plied For t Applicable			
32701	Country	Zip	Country USA	5. Certificate of St.	<u> </u>	\$8.75 Add	itional			
	I NOH	32701	u_{SI}			Fee Required				
6.	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 1 A and 0 in 1 D and 0									
PENN FIRST M	ANAGEMENT			Annes W. 60	<u>41e </u>					
1813 N. DEAN	₹D.		Street Ad	ldress (P.O. Box Number is I	Not Acceptable)					
SUITE 103 ORLANDO, FL	32817		4001	18 Palm Springs Drive Stute 235						
J. (2) J,			City	HAMM SKING 2	Drive, Su	7ip Code				
		· · · · · · · · · · · · · · · · · · ·	Mte	annull spring	S FI	<u>- 337</u>	01			
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.										
ine obligations of		4				/				
SIGNATURE	Sound	/			4/24/	4				
	e Typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered Agent signatur	re required when reinstating)	DATE					
Filin	g Fee is \$61.25	9. Election Car	mpaign Financing	\$5.00 u	Make che	ck payable to				
	by May 1, 2004	Trust Fund C		\$5.00 May Be Added to Fees	Florida Depa	- •				
10.	OFFICERS AND DIR	CTORS	11,	ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS IN	10			
TITLE D	OFFICERS AND DIRI	∑ Choris Delete	TITLE	President	ES TO OFFICERS AND L	Change	Addition			
	RANSKY, JAMES	7 Delete	NAME	Thompson, Ce	ru-l.	onunge	7			
STREET ADDRESS 385	DOUGLAS AVENUE, SUITE	2000	STREET ADDRESS	3205 Amberley	"Park CR					
CITY-ST-ZIP ALT.	AMONTE SPRINGS, FL 327	4	CITY-ST-ZIP	77	onda 34742	5				
TITLE D		□ Oglete	TITLE	VP_		☐ Change	Addition			
NAME HAR	RIS, TREY	\sim	NAME]	be Paulo, Thomas			7			
STREET ADDRESS 385	DOUGLAS AVENUE, SUITE :	2000	STREET ADDRESS	3306 Amburley P	ark(r					
CITY-ST-ZIP ALT	AMONTE SPRINGS, FL 327	4	CITY-ST-ZIP	Kissimmee 47	oude 34743					
TITLE D		Clete	TITLE	Treasurer		☐ Change	Addition			
NAME JAC	KSON, LISA		NAME	Martinez, Edwi	n.		(-			
STREET ADDRESS 385	DOUGLAS AVENUE, SUITE :	2000	STREET ADDRESS	3211 Amberley	Park Cr.					
CITY-ST-ZIP ALT	AMONTE SPRINGS, FL 327	14	CITY-ST-ZIP	Kissimmee flow	da 34743					
TITLE		□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	TITLE	Secretary'		Change	Addition			
	PLETON, KIRSTEN	(Yazauez, Noen	nj .		(
	DOUGLAS AVE. SUITE 2000		STREET ADDRESS	3271 Amburley						
CITY-ST-ZIP ALT	AMONTE SPRINGS, FL 327	4	CITY-ST-ZIP	Kissimmer, Flow	der 3/743	 .				
TITLE		☐ Delete		Director	•	Change	ddition			
NAME			NAME	Dominguez, Gui	do		•			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS :	3207 Amberley	Yark Cr					
				KISSIMME PC	unaa zy 743					
TITLE		Delete	TITLE	•		Change	☐ Addition			
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
<u></u>	that the information are all of with	this filles does not accept to		ad in Section 410 07(0)(1) Fit	oride Statutos I further -	ortific that the !-	-formation			
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										
of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 of Block 11 if changed, or on an attackment with an address, with all other like empowered.										
- · ·	(V) 10 11/1	//		Ma. I	Colon	-3a.				