2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N02000002896

Entity Name: AMBERLEY PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DRIVE
#3310
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 32716 US

New Mailing Address:

FEI Number: 57-1139177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S. WESTMONTE DRIVE
#3310
ALTAMONTE SPRINGS, FL 32714 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: THOMPSON, CARL
Address: 3205 AMBERLEY PARK CIR
City-St-Zip: KISSIMMEE, FL 34743

Title: TD ( ) Delete
Name: MARTINEZ, EDWIN
Address: 3211 AMBERLEY PARK CR.
City-St-Zip: KISSIMMEE, FL 34743

Title: SD ( ) Delete
Name: CRUZ, TERELINA
Address: 3295 AMBERLEY PRK CIR
City-St-Zip: KISSIMMEE, FL 34743

Title: D (X) Delete
Name: DEPAULO, THOMAS
Address: 3306 AMBERLEY PARK CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

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:

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: CARL THOMPSON PD 04/28/2009

Electronic Signature of Signing Officer or Director — Date