

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006612

FILED  
Jan 20, 2006  
Secretary of State

**Entity Name:** AMBERSWEET FARMS HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

776 W LUMSDEN ROAD  
SUITE 107  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

776 W LUMSDEN ROAD  
SUITE 107  
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number:** 16-1745940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TUCKER, HARVEY L  
776 W LUMSDEN ROAD  
SUITE 107  
BRANDON, FL 33511 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: TUCKER, HARVEY L  
Address: 776 W LUMSDEN ROAD SUITE 107  
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete  
Name: TUCKER, RILEY  
Address: 776 W LUMSDEN ROAD SUITE 107  
City-St-Zip: BRANDON, FL 33511

Title: SDT ( ) Delete  
Name: STAFFORD, HAROLD V  
Address: 776 W LUMSDEN ROAD SUITE 107  
City-St-Zip: BRANDON, FL 33511

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: HARVEY L. TUCKER

PD

01/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date