2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008580

FILED Jan 13, 2009 Secretary of State

Entity Name: AMBER ESTATES PHASE TWO HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	ENBROOK LN D, FL 33811	US			
Current Mailing Address:			New Mailii	New Mailing Address:	
P O BOX 5 LAKELANI	5284 D, FL 33807				
FEI Number:	20-1595830	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
	AY ENBROOK LN D, FL 33811	US			
	named entity s e of Florida.	submits this statement for the	purpose of changing it	ts registered office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	PD () MOORE, TIM 182 AMBER BL AUBURNDALE,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	TD () BURMAN, JOAN 128 AMBER BL AUBURNDALE,	VD	Title: Name: Address: City-St-Zip:	() Change () Addition	
oity of Zip.		FL 33023 03	Oity Ot Zip.		
Fitle: Name: Nddress:	TD () KEITER, PENN 152 AMBER BL AUBURNDALE,) Delete Y VD.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition TEMPIE, BOECKMAN 134 AMBER BLVD. AUBURNDALE, FL 33823	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: City-St-Zip:	KEITER, PENN 152 AMBER BL AUBURNDALE, D () SHORT, JAMIE 53 AMBER CT.) Delete Y VD. FL 33823) Delete	Title: Name: Address:	TEMPIE, BOECKMAN 134 AMBER BLVD.	
Title: Name: Address: Dity-St-Zip: Title: Name: Address:	KEITER, PENN 152 AMBER BL AUBURNDALE, D () SHORT, JAMIE 53 AMBER CT. AUBURNDALE,	Delete Y VD. FL 33823 Delete FL 33823 33 Delete NNE VD.	Title: Name: Address: City-St-Zip: Title: Name: Address:	TEMPIE, BOECKMAN 134 AMBER BLVD. AUBURNDALE, FL 33823	

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: CHRISTINE MORGAN DS 01/13/2009