

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008580

FILED  
Jan 18, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1011 WILDER RD  
LAKELAND, FL 33810 US

**New Principal Place of Business:**

5121 S LAKELAND DR  
SUITE 4  
LAKELAND, FL 33813 US

**Current Mailing Address:**

P O BOX 5284  
LAKELAND, FL 33807

**New Mailing Address:**

**FEI Number:** 20-1595830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STANZ, DEANNA  
1011 WILDER RD  
LAKELAND, FL 33810 US

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

STANZ, DEANNA  
5121 S LAKELAND DR  
SUITE 4  
LAKELAND, FL 33813 US

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:

01/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: VILLARREAL, COY  
Address: 527 AMBER CT  
City-St-Zip: AUBURNDALE, FL 33823

Title: DT  
Name: JACOBS, JACKIE  
Address: 188 AMBER BLVD  
City-St-Zip: AUBURNDALE, FL 33823 US

Title: DS  
Name: BOECKMAN, TEMPIE  
Address: 134 AMBER BLVD  
City-St-Zip: AUBURNDALE, FL 33823

Title: DVP  
Name: STEPHENS, RALPH  
Address: 534 AMBER CT  
City-St-Zip: AUBURNDALE, FL 33823 33

Title: D  
Name: ELROD, TERI  
Address: 189 AMBER BLVD  
City-St-Zip: AUBURNDALE, FL 33823

I hereby 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 all other like empowered.

SIGNATURE: COY VILLARREAL

DP

01/18/2012

Electronic Signature of Signing Officer or Director

Date