

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009438

FILED
Apr 04, 2006
Secretary of State

Entity Name: AMBER PLACE SUBDIVISION ASSOCIATION, INC.

Current Principal Place of Business:

325 SOUTH BLVD
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

325 SOUTH BLVD
TAMPA, FL 33606

New Mailing Address:

550 N REO STREET
#300
TAMPA, FL 33609

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, JUDITH L
325 SOUTH BLVD
TAMPA, FL 33606 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: D () Delete
Name: ALVAREZ, SYLVIA A
Address: 550 N REO ST STE 300
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: GARCIA, JOSE
Address: 550 N REO ST STE 300
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: EVERETTE, DANNA
Address: 550 N REO ST STE 300
City-St-Zip: TAMPA, FL 33609

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: SYLVIA A. ALVAREZ

D

04/04/2006

Electronic Signature of Signing Officer or Director

Date