

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010282

FILED
Apr 25, 2008
Secretary of State

Entity Name: AMBER POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

LELAND MANAGEMENT
8009 S. ORANGE AVENUE
ORLANDO, FL 32809 US

New Principal Place of Business:

LELAND MANAGEMENT
5955 T.G. LEE BLVD SUITE 300
ORLANDO, FL 32822 US

Current Mailing Address:

LELAND MANAGEMENT
8009 S. ORANGE AVENUE
ORLANDO, FL 32809 US

New Mailing Address:

LELAND MANAGEMENT
5955 T.G. LEE BLVD SUITE 300
ORLANDO, FL 32822 US

FEI Number: 20-4548144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S. ORANGE AVENUE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
5955 T.G. LEE BLVD SUITE 300
ORLANDO, FL 32822 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:

04/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: COWHERD, BRAD
Address: 9102 SOUTHPARK CENTER LOOP, 2ND FL STE 200
City-St-Zip: ORLANDO, FL 32819 US

Title: PD () Delete
Name: CAMP, JEREMY
Address: 9102 SOUTHPARK CENTER LOOP, 2ND FL STE 200
City-St-Zip: ORLANDO, FL 32819 US

Title: STD () Delete
Name: INGLE, JIM
Address: 9102 SOUTHPARK CENTER LOOP, 2ND FL STE 200
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BRINDLEY, JEFF
Address: 9102 SOUTHPARK CENTER LOOP, 2ND FL STE 200
City-St-Zip: ORLANDO, FL 32819 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: SPECTOR, SHARLENE
Address: 9102 SOUTHPARK CENTER LOOP, 2ND FL STE 200
City-St-Zip: ORLANDO, FL 32819 US

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: JEREMY CAMP

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date