

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

\$70.00

DOCUMENT # N06000006936

1. Entity Name
AMBERTON CONDOMINIUM ASSOCIATION, INC.



FILED

07 JAN 17 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4788 W. COMMERCIAL BLVD.
TAMARAC, FL 33319

Mailing Address
4788 W. COMMERCIAL BLVD.
TAMARAC, FL 33319

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



01032007 Chg-NP CR2E037 (12/06) 07

4. FEI Number ☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STREIT, THOMAS E
222 LAKEVIEW AVE., SUITE 400
W. PALM BCH, FL 33401

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHACK, DAVID	
STREET ADDRESS	4788 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHACK, MICHAEL	
STREET ADDRESS	4788 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELFINO, ALEJANDRO	
STREET ADDRESS	4788 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200085633532
01/23/07--01003--011 **125.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/07 954-484-4800