2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 29, 2008
Secretary of State

DOCUMENT# N06000006936

Entity Name: AMBERTON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1044 CASTELLO DR., STE 206
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DRIVE, STE 206
NAPLES, FL 34103

New Mailing Address:

FEI Number: 83-0461945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DR., STE. 206
NAPLES, FL 34103 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: SCHACK, DAVID
Address: 4788 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33319

Title: D ( ) Delete
Name: SCHACK, MICHAEL
Address: 4788 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33319

Title: D ( ) Delete
Name: DELFINO, ALEJANDRO
Address: 4788 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DELFINO, ALEJANDRO
Address: 4788 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33319

Title: VP (X) Change ( ) Addition
Name: LOPEZ, CARLOS
Address: 4788 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33319

Title: ST (X) Change ( ) Addition
Name: GARCIA, ISMAEL
Address: 4788 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33319

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: ALEJANDRO DELFINO P 10/29/2008

Electronic Signature of Signing Officer or Director — Date