

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000330

FILED
Mar 04, 2009
Secretary of State

Entity Name: AMBRIDGE COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6639 SOUTHPOINT PARKWAY
SUITE 107
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6639 SOUTHPOINT PARKWAY
SUITE 107
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-8353775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAYAR, JAVID
6639 SOUTHPOINT PARKWAY
SUITE 107
JACKSONVILLE, FL 32216 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: P () Delete
Name: SAYAR, JAVID
Address: 6639 SOUTHPOINT PARKWAY, STE 107
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JAVID SAYAR

P

03/04/2009

Electronic Signature of Signing Officer or Director

Date