

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07210

FILED
Mar 17, 2005
Secretary of State

Entity Name: AMBER VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

AMBER VILLAGE HOA INC
1166 PELICAN BAY DR
DAYTONA BCH, FL 32119 US

Current Mailing Address:

AMBER VILLAGE HOA INC
1166 PELICAN BAY DR
DAYTONA BCH, FL 32119 US

New Principal Place of Business:

AMBER VILLAGE HOA INC
1220 VISTA VERDA DRIVE
PORT ORANGE, FL 32129 US

New Mailing Address:

AMBER VILLAGE HOA INC
1220 VISTA VERDA DRIVE
PORT ORANGE, FL 32129 US

FEI Number: 59-2928132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKIN, MICHELE
1166 PELICAN BAY DRIVE
DAYTONA BCH, FL 32119 US

Name and Address of New Registered Agent:

BAILEY, DONALD
1220 VISTA VERDA DRIVE
PORT ORANGE, FL 32129 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: DONALD BAILEY

03/17/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: ILLARDI, ROSANNE
Address: 840 MCDONALD RD.
City-St-Zip: PORT ORANGE, FL 32119

Title: DT () Delete
Name: GARRETT, ODESSA
Address: 1051 AMBER CIR
City-St-Zip: PORT ORANGE, FL

Title: D () Delete
Name: NYOAM, JENNIFER
Address: 1021 AMBER CIRCLE
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: WESTON, JOAN L
Address: 820 ASHLEY CIRCLE
City-St-Zip: PORT ORANGE, FL 32119

Title: DP () Delete
Name: GRIFFITH, DEBBIE
Address: 1041 AMBER CIRCLE
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: AUTREY, HARVEY
Address: 1048 CHARLES ST
City-St-Zip: PORT ORANGE, FL 32129

Title: DTS (X) Change () Addition
Name: NYDAM, JENNIFER
Address: 1021 AMBER CIRCLE
City-St-Zip: PORT ORANGE, FL 32129

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 Section 119.07(3)(i), 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: DEBBIE GRIFFITH

PRES

03/17/2005

Electronic Signature of Signing Officer or Director

Date