


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90100 038 ****61.25

DOCUMENT # N07210 1. Entity Name AMBER VILLAGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business AMBER VILLAGE HOA INC 1220 VISTA VERDA DRIVE PORT ORANGE FL 32129 US			Mailing Address AMBER VILLAGE HOA INC 1220 VISTA VERDA DRIVE PORT ORANGE FL 32129 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address AMBERVILLAGE HOA, INC Suite, Apt. #, etc. P.O. Box 1527			
City & State Zip		City & State Zip		4. FEI Number 59-2928132	
Country 32175		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAILEY, DONALD 1220 VISTA VERDA DRIVE PORT ORANGE FL 32129				7. Name and Address of New Registered Agent Name: Deborah Kreinest Street Address (P.O. Box Number is Not Acceptable): 1100 Ocean Shore Blvd # 12 City: Ormond Beach FL Zip Code: 32176	
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: <i>Deborah L. Kreinest</i> 4/24/07 DATE: 4/27/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ILLARDI, ROSANNE 840 MCDONALD RD. PORT ORANGE FL 32119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS NYDAM, JENNIFER 1021 AMBER CIRCLE PORT ORANGE FL 32129	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GRIFFITH, DEBBIE 1041 AMBER CIRCLE PORT ORANGE FL 32129	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GRIFFITH, DEBORAH L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GRIFFITH, DEBORAH L	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GRIFFITH, DEBORAH L	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GRIFFITH, DEBORAH L	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Deborah L. Kreinest</i> 4/24/07 386-441-0320 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					