FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:53

DOCUMENT # N15968 (3)

1. Corporation Name
THE AMBERTON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1550 UNIVERSITY WOODS PLACE TAMPA FL 33612	1550 UNIVERSITY WOODS PLACE TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1986
3a. Date of Last Report: 04/06/1994
4. FEI Number: 11-2755285 (Applied For / Not Applicable)
5. Certificate of Status Desired: ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

CAGAN, IZADORE
8469 GULF BLVD
NAUARRE FL 32566

10. Name and Address of New Registered Agent

81 Name: EMIL G. PRATESI
82 Street Address (P.O. Box Number is Not Acceptable): 1253 PARK STREET
83
84 City: CLEARWATER FL 85 Zip Code: 34616

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/17/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	FREURE, HAROLD	12 NAME		
STREET ADDRESS	135 MANCHESTER RD	13 STREET ADDRESS		
CITY-ST-ZIP	KITCHENER, ONTARIO	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	CORTVRIEND, ROBIN	22 NAME		
STREET ADDRESS	2805 IROQUIS CIRCLE	23 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☒ Change ☐ Addition
NAME	CAGAN, IZADORE	32 NAME	NO LONGER OFFICER. DIR DIRECTOR	
STREET ADDRESS	8469 GULD BLVD	33 STREET ADDRESS		
CITY-ST-ZIP	NAUARRE FL	34 CITY-ST-ZIP		
TITLE	SECRETARY	41 TITLE	D - DIRECTOR / Secretary	☐ Change ☒ Addition
NAME	DON COWIE	42 NAME	DON COWIE	
STREET ADDRESS	53 APEX ROAD	43 STREET ADDRESS	53 Apex Road	
CITY-ST-ZIP	TORONTO, ONTARIO, CAN M6A 2B6	44 CITY-ST-ZIP	TORONTO, ONTARIO, CAN M6A 2B6	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS	REMITTED BY MAY 1	
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Mar. 9, 1995 519-578-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HAROLD FREURE

0054123