2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N24881

Entity Name: AMBERLEA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8437 TUTTLE AVE STE 246
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

8437 TUTTLE AVE STE 246
SARASOTA, FL 34243 US

New Mailing Address:

FEI Number: 65-0050588 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLARIS PROPERTY MGMT., INC
8434 TUTTLE AVE STE 246
SARASOTA, FL 34243 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: PD ( ) Delete
Name: CLAPP, DAVID
Address: 8437 TUTTLE AVE STE 246
City-St-Zip: SARASOTA, FL 34243

Title: VD ( ) Delete
Name: PAWLUS, PETER
Address: 8437 TUTTLE AVE STE 246
City-St-Zip: SARASOTA, FL 34243

Title: SD ( ) Delete
Name: GRAHAM, MICHAEL
Address: 8437 TUTTLE AVE STE 246
City-St-Zip: SARASOTA, FL 34243

Title: TD ( ) Delete
Name: ROBERTS, TOM
Address: 8437 TUTTLE AVE STE 246
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete
Name: CLEARIE, DREW
Address: 8437 TUTTLE AVE STE 246
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: GRAHAM, MICHAEL
Address: 8437 TUTTLE AVE STE 246
City-St-Zip: SARASOTA, FL 34243

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

Title: SD (X) Change ( ) Addition
Name: BART, MISSI
Address: 8437 TUTTLE AVE STE 246
City-St-Zip: SARASOTA, FL 34243

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: DAVID CLAPP PD 01/06/2009

Electronic Signature of Signing Officer or Director — Date