

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 05 1997 8:00am  
 Secretary of State

MP

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N30335 (6)

1. Corporation Name  
 THE VILLAS OF AMBERWOOD III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
 9914 NW 41ST ST MIAMI FL 33178 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Zip Country 29 Country 30

3. Date Incorporated or Qualified 01/25/1989 3a. Date of Last Report 04/11/1996  
 4. FEI Number 65-0101591 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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent  
 OMAR BORGES  
 9916 NW 41 ST.  
 9914 NW 41ST ST  
 MIAMI FL 33178

10. Name and Address of New Registered Agent  
 81 Name Bernard-Spiwak (NMN)  
 82 Street Address (P.O. Box Number is Not Acceptable) 9924 NW 41st  
 83 9924 NW 41st  
 84 City Miami FL 85 Zip Code 33178

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input checked="" type="checkbox"/>
NAME	OMAR BORGES	
STREET ADDRESS	9914 NW 41ST ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	BUNGER, SUSAN	
STREET ADDRESS	9902 NW 41 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	CABRERA, EDWIN	
STREET ADDRESS	9926 NW 41 STR	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	TIMOTHY UNDRASEK	
STREET ADDRESS	10002 NW 41ST ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	BRACHO, ROXANA	
STREET ADDRESS	9928 NW 41 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	LOWE, NORMA	
STREET ADDRESS	9912 NW 41 STREET	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Bernard Spiwak		
1.3 STREET ADDRESS	9924 NW 41st		
1.4 CITY-ST-ZIP	Miami FL. 33178		
2.1 TITLE	Vice President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Marianna Dodds		
2.3 STREET ADDRESS	9942 NW 41st		
2.4 CITY-ST-ZIP	Miami FL. 33178		
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Ariel Mandulay		
3.3 STREET ADDRESS	9926 NW 41st		
3.4 CITY-ST-ZIP	Miami, FL. 33178		
4.1 TITLE	Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Rebecca Faroy		
4.3 STREET ADDRESS	9924 NW 41st		
4.4 CITY-ST-ZIP	Miami FL 33178		
5.1 TITLE	Board of Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Louderz Penoz		
5.3 STREET ADDRESS	9908 NW 41st		
5.4 CITY-ST-ZIP	Miami, FL. 33178		
6.1 TITLE	Board of Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	Olga Vargera		
6.3 STREET ADDRESS	9900 NW 41st		
6.4 CITY-ST-ZIP	Miami Fla.		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] N.O. 10 1997 305 477-5718

CR2E037 (4/97)

RAW 957  
 Dep \$61.25