

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90011 009 ****61.25



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

NONPROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # N30335

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

Principal Place of Business: 9914 N.W. 41ST STREET, MIAMI FL 33178, US
 Mailing Address: 9926 N.W. 41ST STREET, MIAMI FL 33178, US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/25/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0101591	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MANDULEN, ARIEL 9926 N.W. 41ST STREET MIAMI FL 33178				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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] DATE: 7/10/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROWE, KEITH		1.2 NAME		
STREET ADDRESS	9902 N.W. 41ST STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANCO, ALEJANDRA		2.2 NAME		
STREET ADDRESS	9910 N.W. 41ST STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANDULEY, ARIEL		3.2 NAME		
STREET ADDRESS	9926 N.W. 41ST STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		3.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA, MARIA		4.2 NAME		
STREET ADDRESS	9936 N.W. 41ST STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		4.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERNANDEZ, FRANK		5.2 NAME		
STREET ADDRESS	9918 N.W. 41ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		5.4 CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VARGER, OLGA		6.2 NAME		
STREET ADDRESS	9900 N.W. 41ST STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 7/10/99 DAYTIME PHONE: (305) 253-2244 x3439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E037 (5/99)