

DOCUMENT # **N30335**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90435 004 \*\*\*\*61.25

1. Entry Name

**THE VILLAS OF AMBERWOOD III CONDOMINIUM ASSOCIAT**

17250 NE 19 th Ave  
North Miami Beach  
FL 33162

2. Principal Place of Business

17250 NE 19th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami Beach

City & State

FL 33162

4. FEI Number

65-0101591

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MJB MANAGEMENT SERVICES, INC.  
17250 NE 19th Ave  
North Miami Beach, FL 33162

7. Name and Address of New Registered Agent

Name  
MJB Management Services Inc  
Street Address (P.O. Box Number is Not Acceptable)

17250 NE 19th Ave

City North Miami Beach

FL

Zip 33162

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP Manduly Ariel	STREET ADDRESS	9926 NW 41 ST	CITY-ST-ZIP	Miami, FL. 33178
TITLE NAME	DVP Miller Bruce	STREET ADDRESS	10002 NW 41 St	CITY-ST-ZIP	Miami, FL. 33178
TITLE NAME	DT Yauuz Filiz	STREET ADDRESS	9916 NW 41 St	CITY-ST-ZIP	Miami, FL. 33178
TITLE NAME	DS Hernandez Laura	STREET ADDRESS	9918 NW 41 St	CITY-ST-ZIP	Miami, FL. 33178
TITLE NAME	DD Arquibao Tony	STREET ADDRESS	10008 NW 41 St.	CITY-ST-ZIP	Miami, FL. 33178
TITLE NAME	DD Perez Robert	STREET ADDRESS	9908 NW 41 St.	CITY-ST-ZIP	Miami, FL. 33178

TITLE NAME	DD Marquez Enrique	STREET ADDRESS	9924 NW 41th St	CITY-ST-ZIP	Miami, FL. 33178
TITLE NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE NAME		STREET ADDRESS		CITY-ST-ZIP	

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ariel Manduly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

305-9408795

Date

Daytime Phone #