

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90298 002 \*\*\*\*61.25

<b>DOCUMENT # N30335</b>					
<b>1. Entity Name</b> THE VILLAS OF AMBERWOOD III CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 19501 NE 10TH AVE N. MIAMI BEACH, FL 33179 US			<b>Mailing Address</b> 19501 NE 10TH AVE N. MIAMI BEACH, FL 33179 US		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 65-0101591	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b> MJB MANAGEMENT SERVICES INC 19501 NE 10TH AVE SUITE 300 N. MIAMI BEACH, FL 33179			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE				DATE 4/12	
(NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DD <b>NAME</b> GARCIA, MARIA <b>STREET ADDRESS</b> 10002 NW 41 ST <b>CITY-ST-ZIP</b> MIAMI, FL 33178	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DD <b>NAME</b> TREPTOW, BRUNO <b>STREET ADDRESS</b> 9916 NW 41 ST <b>CITY-ST-ZIP</b> MIAMI, FL 33178	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> FILIZ, YAVUZ <b>STREET ADDRESS</b> 9916 NW 41ST ST. <b>CITY-ST-ZIP</b> MIAMI, FL 33178	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> ENRIQUE, MARQUEZ <b>STREET ADDRESS</b> 9924 NW 41ST ST <b>CITY-ST-ZIP</b> MIAMI, FL 33178	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DD <b>NAME</b> MILLER, BRUCE <b>STREET ADDRESS</b> 4646 NW 102 PL <b>CITY-ST-ZIP</b> MIAMI, FL 33178	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 if changed, or on an attachment with an address, with all other like empowered.</b>					
SIGNATURE:				DATE 4/12	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Daytime Phone #					