

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**



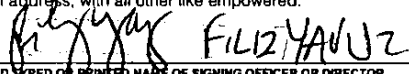
**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90188 015 \*\*\*\*61.25

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04122006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N30335</b>					
1. Entity Name THE VILLAS OF AMBERWOOD III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 19501NE10THAVE NMIAMIBEACH,FL33179JS			Mailing Address 19501NE10THAVE NMIAMIBEACH,FL33179JS		
2. Principal Place of Business 13200 SW 128 ST.		3. Mailing Address 13200 SW 128 ST			
Suite, Apt. #, etc. SUITE B2		Suite, Apt. #, etc. SUITE B2			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33186	Country USA	Zip 33186	Country USA	4. FEI Number 65-0101591	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MJB MANAGEMENT SERVICES INC 19501 NE 10TH AVE SUITE 300 N. MIAMI BEACH, FL 33179			7. Name and Address of New Registered Agent Name: JAIME RIVERD. Street Address (P.O. Box Number is Not Acceptable) 13200 SW 128 ST. SUITE B2 City: MIAMI FL Zip Code: 33186		
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.					
SIGNATURE: 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD GARCIA, MARIA 10002 NW 41 ST MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Resident Treasurer</del> Filiz Yavuz 9916 NW 41 ST. Doral, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Secretary</del> Laurie Belinsky 9930 NW 41 ST. Doral, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD TREPLOW, BRUNO 9916 NW 41 ST MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Bruno Treptow 9932 NW 41 ST. Doral, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Secretary</del> Bruce Keller 10002 NW 41 ST. Doral, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FILIZ, YAVUZ 9916 NW 41ST ST. MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENRIQUE, MARQUEZ 9924 NW 41ST ST MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD MILLER, BRUCE 4646 NW 102 PL MIAMI, FL 33178 <input type="checkbox"/> Delete	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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE:  FILIZ YAVUZ				Date: APR 25 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					