

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30335

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: THE VILLAS OF AMBERWOOD III CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12350 SW 132 CT. # 114  
114  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

12350 SW 132 CT.  
114  
MIAMI, FL 33186 US

**New Mailing Address:**

FEI Number: 65-0101591      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PORNPRINYA, TONY  
13200 SOUTHWEST 128 STREET  
SUITE B2  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

PORNPRINYA, TONY  
10800 BISCAYNE BLVD., SUITE 988  
MIAMI, FL 33161 US

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: MICHAEL HALBERG, ESQ

04/29/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: YAVUZ, FILIZ  
Address: 9916 NW 41 ST.  
City-St-Zip: MIAMI, FL 33178

Title: S ( ) Delete  
Name: BELINSKY, LAURIE  
Address: 9930 NW 41 ST.  
City-St-Zip: MIAMI, FL 33178

Title: T ( ) Delete  
Name: FILIZ, YAVUZ  
Address: 9916 NW 41ST ST.  
City-St-Zip: DORAL, FL 33178

Title: D ( ) Delete  
Name: MILLER, BRUCE  
Address: 10002 NW 41 ST.  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: YAVUZ, FILIZ  
Address: 9916 NW 41 ST.  
City-St-Zip: MIAMI, FL 33178

Title: PD (X) Change ( ) Addition  
Name: BELINSKY, LAURIE  
Address: 9930 NW 41 ST.  
City-St-Zip: MIAMI, FL 33178

Title: VPD (X) Change ( ) Addition  
Name: ANON, ELIZ  
Address: 10008 NW 41 ST  
City-St-Zip: DORAL, FL 33178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE BELINSKY

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date