## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **N30738** May 16, 2000 8:00 am Secretary of State AMBERLY VILLAGE | ASSOCIATION, INC. 05-16-2000 90148 049 \*\*\*\*61.25 Principal Place of Business Mailing Address % R & P PROPERTY MGMT % R & P PROPERTY MGMT 265 AIRPORT RD S 265 AIRPORT RD S NAPLES FL 34104-3518 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address 1100 Fith 00 Tith Ave Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u> 201</u> City & State 4. FEI Number Applied For City & State 65-0099639 Not Applicable VAPLES Country Country **\$8.75** Additional 5. Certificate of Status Desired 4162 JIA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent M. Street Address (P.O. Box Number is Not Acceptable) **CARROLL. DENNIS** % R & P PROPERTY MGMT 265 AIRPORT ROAD S NAPLES FL 34104 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. P/D ☐ Addition ☐ Delete TITLE NAME HERBST, CHARLES NAME STREET ADDRESS STREET ADDRESS 3685 AMBERLY CIRCLE #D307 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Delete TITLE Change n TITLE NAME KRONSTEDT, MONROE NAME ALEX MARLOWE 3685 Ambrey Cracle DIO3\_ STREET ADDRESS STREET ADDRESS 3665 AMBERLY CIRCLE B302 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 Delete TITLE ☐ Change TITLE KKORDSMEIRER, GEORGE NAME NAME KENNETH BORIED STREET ADDRESS 3685 AMBORLY CIRCLE D304 WARLES, FL 34112 STREET ADDRESS 3668 AMBELSLY CIRCLE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 NARES FL Change Audition ☐ Delete TITLE NAME NAME HENRY ADEMA STREET ADDRESS STREET ADDRESS 3665 AMBERLY CIECLE B205 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME ELMBE BLOOM STREET ADDRESS STREET ADDRESS 3655 AMBORLY CIRCLE AZOI CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other ike empower

12. Thereby 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