## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 17, 2001 8:00 am § Secretary of State **DOCUMENT # N30738** 1. Entity Name 05-17-2001 91349 039 \*\*\*\*61.25 AMBERLY VILLAGE | ASSOCIATION, INC. Principal Place of Business Mailing Address 1100 FIFTH AVE. S. 1100 FIFTH AVE. S. NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0099639 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CARROLL, DENNIS % R & P PROPERTY MGMT 265 AIRPORT ROAD S City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$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 10. 11. Delete CR2E037 (10/00 TITLE TITLE HERBST, CHARLES NAME STREET ADDRESS 3685 AMBERLY CIRCLE #D307 STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITI E KRONSTEDT, MONROE NAME NAME 83 Fairfield STREET ADDRESS 3665 AMBERLY CIRCLE B302 STREET ADDRESS New Lenot, 14 60451 CITY-ST-ZIP NAPLES FL CITY-ST-7IP Delete TD ☐ Change Addition TITLE TITLE KKORDSMEIRER, GEORGE NAME NAME 463 Mulberry Pr Walled LK, MI STREET ADDRESS 3668 AMBELSLY CIRCLE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34112 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS Tranton. M1. 08610 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE ☐ Change Elmer Bloom NAME NAME 2707 Bilwell Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Muscatine 52761 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality 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.

SIGNATURE:

FILED