

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30738

FILED
Feb 01, 2008
Secretary of State

Entity Name: AMBERLY VILLAGE I ASSOCIATION, INC.

Current Principal Place of Business:

2360 LONGBOAT DRIVE
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

2360 LONGBOAT DRIVE
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0099639 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOT, EDWARD J
GREENWOOD MGMT SRVS.
2360 LONGBOAT DRIVE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BONTATIBUS, MIKE
Address: 3685 AMBERLY CIRCLE # D-104
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: KOKOSZKA, PETER
Address: 3675 AMBERLY CIRCLE # C-203
City-St-Zip: NAPLES, FL 34112

Title: TDS () Delete
Name: WUSCHNER, FRED
Address: 3655 AMBERLY CIRCLE # A-204
City-St-Zip: NAPLES, FL 34112

Title: P () Delete
Name: EMMOTT, GEORGE
Address: 3685 AMBERLY CIR # D-208
City-St-Zip: NAPLES, FL 34112

Title: V () Delete
Name: BORIEO, KENNETH
Address: 3685 AMBERLY CIR # D-304
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: BONTATIBUS, MIKE
Address: 3685 AMBERLY CIRCLE # D-104
City-St-Zip: NAPLES, FL 34112

Title: P (X) Change () Addition
Name: KOKOSZKA, PETER
Address: 3675 AMBERLY CIRCLE # C-203
City-St-Zip: NAPLES, FL 34112

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

Title: D (X) Change () Addition
Name: EMMOTT, GEORGE
Address: 3685 AMBERLY CIR # D-208
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change () Addition
Name: MOMBERG, JOHN
Address: 3675 AMBERLY CIR # C-107
City-St-Zip: NAPLES, FL 34112

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: PETER KOKOSZKA

P

02/01/2008

Electronic Signature of Signing Officer or Director

_____ Date