

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30738

**FILED**  
**Apr 30, 2010**  
**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  
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  
Name: BROOKS, JAMES  
Address: 3665 AMBERLY CIRCLE #B-202  
City-St-Zip: NAPLES, FL 34112

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

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

Title: D  
Name: LEDUC, CARL  
Address: 3695 AMBERLY CIRCLE #E-301  
City-St-Zip: NAPLES, FL 34112

Title: VP  
Name: MOMBERG, JOHN  
Address: 3675 AMBERLY CIRCLE #C-107  
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: PETER KOKOSZKA

PRES

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date