SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -3 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43864 (0)

1. Corporation Name
AMBERGLEN PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% 200 LAKE MORTON DR SUITE 300 LAKELAND FL 33801	% 200 LAKE MORTON DR SUITE 300 LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1991
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-3110759 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 ROBIN L. MASSEY	26 ROBIN L. MASSEY
Suite, Apt. #, etc. 22 3650 AMBER LN.	Suite, Apt. #, etc. 27 3650 AMBER LN.
City & State 23 LAKELAND	City & State 28 LAKELAND, FL
Zip / Country 24 FL / 25 U.S.A.	Zip / Country 29 33813 / 30 U.S.A.

9. Name and Address of Current Registered Agent

MARTIN, E. SNOW
200 LAKE MORTON DR
SUITE 300
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name: FRANK J. ROUSE, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 680 EAST MAIN STREET
83
84 City: BARTOW FL 85 Zip Code: 33830

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Frank J Rouse — 6/22/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT/D	☒ Change ☐ Addition
NAME	LOFTIN, WILLIAM H.	12 NAME	JAMES NETHLES	
STREET ADDRESS	5151 S LAKELAND DR #13	13 STREET ADDRESS	3617 AMBER LN.	
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	STD	21 TITLE	VICE PRESIDENT/D	☒ Change ☐ Addition
NAME	ROGERS, C.D.	22 NAME	JAMES GRAFF	
STREET ADDRESS	5151 S LAKELAND DR #13	23 STREET ADDRESS	3625 AMBER LN.	
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	D	31 TITLE	SECRETARY/D	☒ Change ☐ Addition
NAME	ROGERS, OSCAR W.	32 NAME	BOB SPRUILL	
STREET ADDRESS	5151 S LAKELAND DR #13	33 STREET ADDRESS	3649 AMBER LN.	
CITY ST ZIP	LAKELAND FL	34 CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		41 TITLE	TREASURER	☒ Change ☐ Addition
NAME		42 NAME	ROBIN L. MASSEY	
STREET ADDRESS		43 STREET ADDRESS	3650 AMBER LN.	
CITY ST ZIP		44 CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY-ST-ZIP		

$87.50

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROBIN L MASSEY - TREASURER — 6-18-95 — 941-644-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013766