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Apr 23 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N43864 (0)**  
 1. Corporation Name  
**AMBERGLEN PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>ROBIN L. MASSEY</b> <b>3650 AMBER LN</b> <b>LAKELAND FL 33813</b>	Mailing Address <b>ROBIN L. MASSEY</b> <b>3650 AMBER LN</b> <b>LAKELAND FL 33813-5011</b>
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3. Date Incorporated or Qualified <b>06/10/1991</b>	3a. Date of Last Report <b>07/15/1996</b>
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2. Principal Place of Business 21 <b>Sandra J Pride</b> Suite, Apt. #, etc. 22 <b>3601 Amber Lane</b> City & State 23 <b>Lakeland FL</b> Zip 24 <b>33813</b>	2a. Mailing Address 26 <b>Sandra J Pride</b> Suite, Apt. #, etc. 27 <b>3601 Amber Lane</b> City & State 28 <b>Lakeland FL</b> Zip 29 <b>33813</b>
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4. FEI Number <b>59-3110759</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROUSE, FRANK J ESO</b> <b>680 EAST MAIN STREET</b> <b>BARTOW FL 33830</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>NETTLES, JAMES</b> <b>3817 AMBER LN</b> <b>LAKELAND FL 33813</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>GRAFF, JAMES</b> <b>3624 AMBER LN</b> <b>LAKELAND FL 33813</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>SPRUILL, BOB</b> <b>3649 AMBER LN</b> <b>LAKELAND FL 33813</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>MASSEY, ROBIN L</b> <b>3650 AMBER LN</b> <b>LAKELAND FL 33813</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD <b>Miller, Lauren</b> <b>3642 Amber Lane</b> <b>Lakeland, FL 33813</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD <b>Graff, James</b> <b>3625 Amber Lane</b> <b>Lakeland, FL 33813</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD <b>Pride, Sandra J</b> <b>3601 Amber Lane</b> <b>Lakeland, FL 33813</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby 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 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 this 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: *Sandra J. Pride* *Lauren M. Miller*

CR2E037 (9/96)