


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
05 NOV 16 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # N43864 |  |
| 1. Entity Name AMBERGLEN PROPERTY OWNERS' ASSOCIATION, INC. | |

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| Principal Place of Business JACQUELINE NETTLES ATHERTON 3617 AMBER LANE LAKELAND, FL 33813 US | Mailing Address JACQUELINE NETTLES ATHERTON 3617 AMBER LANE LAKELAND, FL 33813 US |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

10102005 REIN-NP CR2E099 (6/04)

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|------------------------------------|--|
| 4. FEI Number 59-3110759 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | |
| ROUSE, FRANK J ESQ 680 EAST MAIN STREET BARTOW, FL 33830 | |

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| 7. Name and Address of New Registered Agent | |
| Name JACQUELINE J ATHERTON | |
| Street Address (P.O. Box Number is Not Acceptable) 3617 Amber Lane | |
| City Lakeland | FL Zip Code 33813 |

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. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE Jacqueline J Atherton | DATE 10/19/05 |
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| FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NETTLES, JACQUELINE 3617 AMBER LANE LAKELAND, FL 33813 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V RAHN, SHAWN 3610 AMBER LANE LAKELAND, FL 33813 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T EARL, DAISY 3642 AMBER LANE LAKELAND, FL 33813 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ATHERTON, JACQUELINE 3617 AMBER LANE LAKELAND, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300060858203 10/21/05--01038--012 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T. Roberts 10/19/05 863-680-5350 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I 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 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.

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| SIGNATURE: Jacqueline J Atherton | Date 10/19/05 | Daytime Phone # 863-680-5350 |
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