

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90017 003 ****61.25

DOCUMENT # N43864 1. Entity Name AMBERGLEN PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 3642 AMBER LANE LAKELAND, FL 33812 US				Mailing Address 3642 AMBER LANE LAKELAND, FL 33812 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3110759	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ATHERTON, J 3817 AMBER LANE LAKELAND, FL 33813				7. Name and Address of New Registered Agent Name Daisy Arminio Street Address (P.O. Box Number is Not Acceptable) 3642 Amber Lane City Lakeland FL Zip Code 33812	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P ARMINIO, DAISY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3642 AMBER LANE		NAME		
STREET ADDRESS	LAKELAND, FL 33812		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	V MOONEYHAM, BILL <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3633 AMBER LANE		NAME		
STREET ADDRESS	LAKELAND, FL 33812		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	T OUSLEY, RICHARD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3834 AMBER LANE		NAME		
STREET ADDRESS	LAKELAND, FL 33812		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	S LAWSON, MARIE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3658 AMBER LANE		NAME		
STREET ADDRESS	LAKELAND, FL 33812		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: Daisy Arminio <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/14/08 Daytime Phone #: 863-604-2512		