

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45859

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** AMBER RIDGE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 593  
OCOEE, FL 34761 US

**New Principal Place of Business:**

891 LICARIA DR  
OCOEE, FL 34761 US

**Current Mailing Address:**

PO BOX 593  
OCOEE, FL 34761 US

**New Mailing Address:**

**FEI Number:** 59-3102023      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PFLANZ, DIANNE  
891 LICARIA DR  
OCOEE, FL 34761 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: PD ( ) Delete  
Name: WAITCHES, FELIX  
Address: 1500 WURST RD. STE. 1  
City-St-Zip: OCOEE, FL 34761

Title: T ( ) Delete  
Name: PFLANZ, DIANNE  
Address: 891 LIEARIA DR.  
City-St-Zip: OCOEE, FL 34761

Title: VPD ( ) Delete  
Name: SEEGOBIN, AURUNEY  
Address: 2098 KEY LIME ST  
City-St-Zip: OCOEE, FL 34761

Title: SD ( ) Delete  
Name: CLAYTON, SUSAN  
Address: 993 SATIN LEAF CIRCLE  
City-St-Zip: OCOEE, FL 34761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DIANNE PFLANZ

TD

04/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date