

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45859

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

891 LICARIA DR  
OCOE, FL 34761 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 593  
OCOE, 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  
OCOE, 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  
Name: WAITCHES, FELIX  
Address: 1500 WURST RD. STE. 1  
City-St-Zip: OCOE, FL 34761

Title: T  
Name: PFLANZ, DIANNE  
Address: 891 LICARIA DR.  
City-St-Zip: OCOE, FL 34761

Title: VPD  
Name: SEEOBIN, AURUNEY  
Address: 2098 KEY LIME ST  
City-St-Zip: OCOE, FL 34761

Title: SD  
Name: BARK, JENNIFER  
Address: 2032 HEDGEROW CIRCLE  
City-St-Zip: OCOE, FL 34761

I hereby 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 all other like empowered.

SIGNATURE: DIANNE PFLANZ

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03/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date