
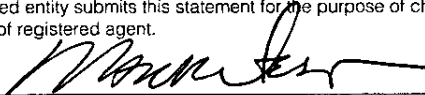
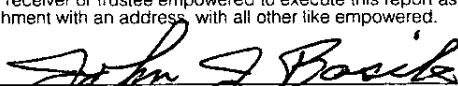


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90064 014 ****61.25

DOCUMENT # N47906 1. Entity Name WATERFORD AMBERLEY COURT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 13500 WORTHINGTON WAY BONITA SPRINGS FL 34135 US			Mailing Address 13500 WORTHINGTON WAY BONITA SPRINGS FL 33923		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 13500 WORTHINGTON WAY			
City & State		City & State BONITA SPRINGS FL			
Zip	Country	Zip 34135	Country USA		4. FEI Number 65-0345041
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					Applied For Not Applicable
6. Name and Address of Current Registered Agent WEST, MARK WORTHINGTON COUNTRY CLUB 13500 WORTHINGTON WAY BONITA SPRINGS FL 34135			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 3/30/04 <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	DP BASILE, JOHN 13040 AMBERLEY CT. #504 BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKEEHAN, JAMES 13020 AMBERLEY CT. #301 BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL KOHL, BILL 13046 AMBERLEY COURT #608 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING, ROBERT 13040 AMBERLEY CT. 506 BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL KING, ROBERT 13040 AMBERLEY COURT #506 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SWANSON, TED 13870 AMBERLEY CT 909 BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEEHEN, JAMES 13050 AMBERLEY COURT #704 BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT STEFFEN, JOHN 13046 AMBERLEY CT 603 BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete		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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/30/04 <small>Date</small>		
<small>Daytime Phone #</small>					