


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90210 050 ****61.25

DOCUMENT # N47906					
1. Entity Name WATERFORD AMBERLEY COURT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 13550 WORTHINGTON WAY BONITA SPRINGS, FL 34135 US			Mailing Address 13550 WORTHINGTON WAY BONITA SPRINGS, FL 34135 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 65-0345041	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANKOWSKY, PAUL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
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 NAME STREET ADDRESS CITY-ST-ZIP	DP BASILE, JOHN 13040 AMBERLEY CT. #504 BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	POLI, LOUIS 13060 AMBERLEY CT. #802 BONITA SPRINGS, FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOHLS, BILL 13046 AMBERLY COURT, #608 BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROUSH, DAN 13046 AMBERLEY CT. #609 BONITA SPRINGS, FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT NUSBAUM, CLIFF 13040 AMBERLEY CT, # 505 BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SWANSON, TED 13070 AMBERLEY CT. #909 BONITA SPRINGS, FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GILDAY, DANIEL 13070 AMBERLEY CT, # 911 BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWANSON, TED 13070 AMBERLEY CT. #909 BONITA SPRINGS, FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILDAY, DANIEL 13070 AMBERLEY CT, # 911 BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWANSON, TED 13070 AMBERLEY CT. #909 BONITA SPRINGS, FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILDAY, DANIEL 13070 AMBERLEY CT, # 911 BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWANSON, TED 13070 AMBERLEY CT. #909 BONITA SPRINGS, FL 34135	
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: _____			3-31-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		