

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001572

FILED
Jan 15, 2009
Secretary of State

Entity Name: AMBERWYND OF SNEADS ISLAND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

1101 9TH AVE WEST
BRADENTON, FL 34205

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

1101 9TH AVE WEST
BRADENTON, FL 34205

FEI Number: 65-0645214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CABANILLAS, DENISE K
1101 9TH AVE WEST
BRADENTON, FL FL US

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: DENISE CABANILLAS

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HARRIS, BOB
Address: 1818 AMBERWYND CIR W
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: HANCOCK, DENNIS
Address: 1814 AMBERWYND CIR W
City-St-Zip: PALMETTO, FL 34221

Title: PD () Delete
Name: BARNETT, JAMES
Address: 1834 AMBERWYND CIR W
City-St-Zip: PALMETTO, FL 34221

Title: VPD () Delete
Name: TAYLOR, RICHARD
Address: 1708 AMBERWYND CIR W
City-St-Zip: PALMETTO, FL 34221

Title: TD () Delete
Name: KILLINGSWORTH, JIM
Address: 1736 AMBERWYND CIR W
City-St-Zip: PALMETTO, FL 34221

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:

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: ROBERT HARRIS

SD

01/15/2009

Electronic Signature of Signing Officer or Director

Date