

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753327

**FILED**  
**Apr 28, 2023**  
**Secretary of State**  
**2436746336CC**

**Entity Name:** THE VILLAS OF AMBERWOOD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10070 NW 41 STREET  
DORAL, FL 33178

**Current Mailing Address:**

1500 NW 89 CT  
202  
DORAL, FL 33172 US

**FEI Number: 59-2099483**

**Certificate of Status Desired: No**

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

IGLESIAS LAW GROUP, P.A.  
15800 PINES BLVD., SUITE 303  
PEMBROKE PINES, FL 33027 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MIRA, CAROL  
Address        1500 NW 89 CT  
                  202  
City-State-Zip: DORAL FL 33172

Title            SECRETARY  
Name            RAMIREZ, VANESSA  
Address        1500 NW 89 CT  
                  202  
City-State-Zip: DORAL FL 33172

Title            TREASURER  
Name            ALFARO, CARMEN  
Address        1500 NW 89 CT  
                  202  
City-State-Zip: DORAL FL 33172

Title            VP  
Name            LAUREN, PEREZ  
Address        1500 NW 89 CT  
                  202  
City-State-Zip: DORAL FL 33172

Title            DIRECTOR  
Name            HOLLAND, SARA  
Address        1500 NW 89 CT  
                  202  
City-State-Zip: DORAL FL 33172

Title            DIRECTOR  
Name            ARANGO, CARLOS  
Address        1500 NW 89 CT  
                  202  
City-State-Zip: DORAL FL 33172

*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: MIRA , CAROL**

**P**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date