| ACCESS MANAGEMENT<br>215 CELEBRATION PLACE SUITE 115<br>CELEBRATION, FL 34747 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                                                                                                                                              | : MICHAEL LASTER                         |                 |                              | 02/26/2020 |
|                                                                                                                                                        | Electronic Signature of Registered Agent |                 |                              | Date       |
| Officer/Director Detail :                                                                                                                              |                                          |                 |                              |            |
| Title                                                                                                                                                  | D, PRESIDENT                             | Title           | TREASURER                    |            |
| Name                                                                                                                                                   | ESTRY , KAREN                            | Name            | BOYD, VENTON                 |            |
| Address                                                                                                                                                | 215 CELEBRATION PLACE<br>115             | Address         | 215 CELEBRATION PLACE<br>115 |            |
| City-State-Zip:                                                                                                                                        | CELEBRATION FL 34747                     | City-State-Zip: | CELEBRATION FL 34747         |            |
| Title                                                                                                                                                  | SECRETARY                                |                 |                              |            |
| Name                                                                                                                                                   | OGDEN , NADJA                            |                 |                              |            |
| Address                                                                                                                                                | 215 CELEBRATION PLACE<br>115             |                 |                              |            |
| City-State-Zip:                                                                                                                                        | CELEBRATION FL 34747                     |                 |                              |            |

215 CELEBRATION PLACE SUITE 115 CELEBRATION. FL 34747 US

### FEI Number: 81-4245640

**Current Mailing Address:** 

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

## 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: KAREN ESTRY

PRESIDENT

02/26/2020

Electronic Signature of Signing Officer/Director Detail

Date

### FILED Feb 26, 2020 Secretary of State 3700735655CC

Certificate of Status Desired: No

#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000010120

Entity Name: AMBERGATE HOMEOWNERS' ASSOCIATION, INC.

# **Current Principal Place of Business:**

215 CELEBRATION PLACE SUITE 115 CELEBRATION. FL 34747