

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # N04000005458
 1. Entity Name
 AMHERST VILLAGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
 2476 N. ESSEX AVENUE
 HERNANDO, FL 34442

Mailing Address
 2476 N. ESSEX AVENUE
 HERNANDO, FL 34442



04102008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 02-0729820

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABEL, ERIC D
 2476 N. ESSEX AVENUE
 HERNANDO, FL 34442

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000904953
 05/01/08-80009-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABEL, ERIC D
STREET ADDRESS	2476 N. ESSEX AVENUE
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	D
NAME	PASTOR, JOHN E
STREET ADDRESS	2476 N. ESSEX AVENUE
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	D
NAME	DRISKILL, DEB
STREET ADDRESS	2476 N. ESSEX AVENUE
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/14/08 Daytime Phone #: 352-746-6060

ERIC D ABEL