2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State
05-11-2006 90248 007 ****61.25

DOCUMENT # N04000010657

1. Entity Name

AMHURST OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9283-2 SAN JOSE BLVD JACKSONVILLE FL 32257	9283-2 SAN JOSE BLVD JACKSONVILLE FL 32257

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
11945 SAN JOSE BLVD	11945 SAN JOSE BLVD
Suite, Apt. #, etc.: SUITE 300	Suite, Apt. #, etc.: SUITE 300
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32223 Country: DUVAL	Zip: 32223 Country: DUVAL

4. FEI Number: 20-2363336 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID, CHARLES
9283-2 SAN JOSE BLVD
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name: KEITH DONNELLY
Street Address (P.O. Box Number is Not Acceptable): 11945 SAN JOSE BLVD SUITE 300
City: JACKSONVILLE FL Zip Code: 32223

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: Rebecca L. Backusz 5-8-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	MGR DAVID, CHARLES 9283-2 SAN JOSE BLVD JACKSONVILLE FL 32257	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D GLENN REYNOLDS 11945 SAN JOSE BLVD #300 JACKSONVILLE, FL 32223	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D KEITH DONNELLY 11945 SAN JOSE BLVD #300 JACKSONVILLE, FL 32223	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D REBECCA L. BACKUSZ 11945 SAN JOSE BLVD #300 JACKSONVILLE, FL 32223	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rebecca L. Backusz 5-8-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #