

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000144477

Entity Name: AMENITY MANAGEMENT GROUP, INC.**Current Principal Place of Business:**245 RIVERSIDE AVE
SUITE 250
JACKSONVILLE, FL 32202**Current Mailing Address:**245 RIVERSIDE AVE
SUITE 250
JACKSONVILLE, FL 32202 US**FEI Number:** 20-5894512**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANTA ROSA ISLAND COMPANY
245 RIVERSIDE AVE
SUITE 250
JACKSONVILLE, FL 32202 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	VP
Name	HYMAN, MICHAEL D
Address	245 RIVERSIDE AVE SUITE 250
City-State-Zip:	JACKSONVILLE FL 32202

Title	DVP
Name	SURFACE, DAVID K
Address	245 RIVERSIDE AVE SUITE 250
City-State-Zip:	JACKSONVILLE FL 32202

Title	D
Name	ARMSTRONG, DANIEL P
Address	245 RIVERSIDE AVE SUITE 250
City-State-Zip:	JACKSONVILLE FL 32202

Title	VPST
Name	ARMSTRONG, DANIEL P
Address	245 RIVERSIDE AVE SUITE 250
City-State-Zip:	JACKSONVILLE FL 32202

Title	P
Name	DEARY, ROY C
Address	245 RIVERSIDE AVE SUITE 250
City-State-Zip:	JACKSONVILLE FL 32202

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL ARMSTRONG**D****03/06/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date