

**2019 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 P. ARMSTRONG

D

04/29/2019

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

\_\_\_\_\_  
Date