

2016 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 32202Title DVP
Name SURFACE, DAVID K
Address 245 RIVERSIDE AVE
SUITE 250
City-State-Zip: JACKSONVILLE FL 32202Title D
Name ARMSTRONG, DANIEL P
Address 245 RIVERSIDE AVE
SUITE 250
City-State-Zip: JACKSONVILLE FL 32202Title VPST
Name ARMSTRONG, DANIEL P
Address 245 RIVERSIDE AVE
SUITE 250
City-State-Zip: JACKSONVILLE FL 32202Title 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: DEARY ROY

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03/25/2016

Electronic Signature of Signing Officer/Director Detail_____
Date