


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90062 026 ****61.25

DOCUMENT # N0000007069

1. Entity Name
AMORA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**858 HILLCREST DRIVE
 NOKOMIS, FL 34275**

Mailing Address
**P.O. BOX 297
 LAUREL, FL 34272**

24033275

2. Principal Place of Business
116 AMORA AVE

3. Mailing Address
116 AMORA AVE

Suite, Apt. #, etc.



03282004 Chg-NP CR2E037 (10/03)

City & State
VENICE, FL

City & State
VENICE, FL

Zip
34285 Country
USA

Zip
34285 Country
USA

4. FEI Number
65-1049491

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PETERSON, DAVID E
 858 HILLCREST DRIVE
 NOKOMIS, FL 34275**

7. Name and Address of New Registered Agent

Name
MICHAEL MALLOY

Street Address (P.O. Box Number is Not Acceptable)
116 AMORA AVE

City
VENICE FL Zip Code
34285

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  **MICHAEL MALLOY, PRESIDENT** DATE **3/30/04**

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, 2004**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSON, DAVID E P.O. BOX 297 LAUREL, FL 34272	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GAITHNESS, MARK 115 N TAMiami TRl NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MICAITHNESS, PAULA M 115 N TAMiami TRl NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MICHAEL MALLOY 116 AMORA AVE VENICE, FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ALFONS HEROLD 125 AMORA AVE VENICE, FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S ROBERT DAWSON 886 GOLDEN BEACH BLVD VENICE, FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **ROBERT DAWSON, SECRETARY** Date **3/30/04** Daytime Phone # **941-480-0645**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR