

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01676

FILED
Jan 18, 2006
Secretary of State

Entity Name: AMHERST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

AMHERST HOMEOWNERS ASSOC
P.O. BOX 195353
WINTER SPRINGS, FL 327195353 US

New Principal Place of Business:

Current Mailing Address:

AMHERST HOMEOWNERS ASSOC
P.O. BOX 195353
WINTER SPRINGS, FL 327195353 US

New Mailing Address:

FEI Number: 59-2498105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAISON, LAWRENCE E
1004 CHESTERFIELD CIRCLE
WINTER SPRINGS, FL 327084707 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLMES, DAVID
Address: 1104 WINTHROP COURT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VD () Delete
Name: SHEELER, LAWRENCE M
Address: 1057 CHESTERFIELD CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD () Delete
Name: HOLMES, CHRIS
Address: 1053 CHESTERFIELD CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD () Delete
Name: FAISON, LAWRENCE E
Address: 1004 CHESTERFIELD CIRCLE
City-St-Zip: WINTER SPRINGS, FL 327084707

Title: D () Delete
Name: KRAUSER, STEPHEN B
Address: 1115 BROOKLINE COURT
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DORSETT, GEORGE
Address: 1051 CHESTERFIELD CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD (X) Change () Addition
Name: WHITEHEAD, JOANNE R
Address: 1048 CHESTERFIELD CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Change () Addition
Name: HOLMES, CHRIS
Address: 1053 CHESTERFIELD CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE E FAISON

TD

01/18/2006

Electronic Signature of Signing Officer or Director

Date