

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01676

FILED  
Feb 20, 2008  
Secretary of State

**Entity Name:** AMHERST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

AMHERST HOMEOWNERS ASSOC  
1004 CHESTERFIELD CIRCLE  
WINTER SPRINGS, FL 32708 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: DORSETT, GEORGE L  
Address: 1051 CHESTERFIELD CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

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

Title: D ( ) Delete  
Name: ALLEN, STANLEY W  
Address: 1049 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: WASHBOURNE, CLIVE W  
Address: 1038 CHESTERFIELD CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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

02/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date