

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90371 006 ****61.25

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1. Entity Name

AMHERST VILLAGE PROPERTY OWNERS
ASSOCIATION, INC.



Principal Place of Business

2476 N. ESSEX AVENUE
HERNANDO, FL 34442

Mailing Address

2476 N. ESSEX AVENUE
HERNANDO, FL 34442



03162006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0729820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABEL, ERIC D
2476 N. ESSEX AVENUE
HERNANDO, FL 34442

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ABEL, ERIC D
STREET ADDRESS 2476 N. ESSEX AVENUE
CITY-ST-ZIP HERNANDO, FL 34442

TITLE D
NAME PASTOR, JOHN E
STREET ADDRESS 2476 N. ESSEX AVENUE
CITY-ST-ZIP HERNANDO, FL 34442

TITLE D
NAME DRISKILL, DEB
STREET ADDRESS 2476 N. ESSEX AVENUE
CITY-ST-ZIP HERNANDO, FL 34442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DEB DRISKILL

3/30/06 352-746-6060