

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # N04000005458

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



04102008 No Chg-NP

CR2E037 (4/06)

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)

U000000904953

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

05/01/08-80009-013 61.25

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

4/14/08

Daytime Phone #

352-746-6060

ERIC D ABEL