

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90019 006 \*\*\*\*61.25

**DOCUMENT # N06000011840**

1. Entity Name  
**AMARYLLIS PARK NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business  
**3228 GOODRICH AVENUE  
SARASOTA, FL 34234**

Mailing Address  
**3228 GOODRICH AVENUE  
SARASOTA, FL 34234**

2. Principal Place of Business - No P.O. Box #  
**2955 Noble Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.

City & State  
**Sarasota**  
Zip  
**34234**

City & State  
**FL**  
Zip  
**34234**  
Country  
**USA**

04072008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**52-2454434**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STEPHENS, CARL M  
3228 GOODRICH AVENUE  
SARASOTA, FL 34234**

**7. Name and Address of New Registered Agent**

Name **Mary S. Mack**  
Street Address (P.O. Box Number is Not Acceptable)  
**2955 Noble Avenue**  
City **Sarasota** FL Zip Code **34234**

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 **Mary S. Mack Pres.**  
Signature, typed or printed name of registered agent and title if applicable.

*Mary S. Mack*  
(NOTE: Registered Agent signature required when registering)

**8 April 2008**  
DATE

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

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEPHENS, CARL M</b>	
STREET ADDRESS	<b>3228 GOODRICH AVENUE</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34234</b>	
TITLE	<b>1VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MACK, MARY S</b>	
STREET ADDRESS	<b>2955 NOBLE AVENUE</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34234</b>	
TITLE	<b>2VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DELAUGHTER, VEAVIE</b>	
STREET ADDRESS	<b>3026 GOODRICH AVE</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34234</b>	
TITLE	<b>SEC</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BENNETT, DORIS</b>	
STREET ADDRESS	<b>1973 29TH STREET</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34234</b>	
TITLE	<b>TREA</b>	<input type="checkbox"/> Delete
NAME	<b>MCDUGLE, FANNIE M</b>	
STREET ADDRESS	<b>3530 GOODRICH AVENUE</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34234</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mary S. Mack</b>	
STREET ADDRESS	<b>2955 Noble Avenue</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34234</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Veavie DeLaughter</b>	
STREET ADDRESS	<b>3026 Goodrich Avenue</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34234</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Shirley Walker</b>	
STREET ADDRESS	<b>3111 Goodrich Avenue</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34234</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Mary S. Mack*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8 April 2008** **941.266.2461**  
Date Daytime Phone #