


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90034 031 ****61.25

DOCUMENT # N26490 1. Entity Name AMHERST PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 6235 SE AMES WAY HOBE SOUND, FL 33455 US			Mailing Address P.O. BOX 1493 HOBE SOUND, FL 33475		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0403758	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROSS, DEBORAH L 759 S. FEDERAL HIGHWAY SUITE 212 STUART, FL 34994				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Lisa P. Dawley - Lisa P Dawley - Treasurer</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		<u>3/4/08</u> <small>DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOSMAN, ROBERT		NAME	Gerry Huberg	
STREET ADDRESS	6235 SE AMES WAY		STREET ADDRESS	6287 SE Ames Way	
CITY - ST - ZIP	HOBE SOUND, FL 33455		CITY - ST - ZIP	Hobe Sound, FL 33455	
TITLE	V	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLOCK, ROLAND		NAME	Don Cotcher	
STREET ADDRESS	6239 SE AMES WAY		STREET ADDRESS	6335 SE Ames Way	
CITY - ST - ZIP	HOBE SOUND, FL 33455		CITY - ST - ZIP	Hobe Sound, FL 33455	
TITLE	S	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOSMAN, MARY		NAME	Jerrilyn Gemberling	
STREET ADDRESS	6235 SE AMES WAY		STREET ADDRESS	6311 SE Ames Way	
CITY - ST - ZIP	HOBE SOUND, FL 33455		CITY - ST - ZIP	Hobe Sound, FL 33455	
TITLE	T	<input type="checkbox"/> Delete	TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWLEY, LISA		NAME	Same	
STREET ADDRESS	6247 SE AMES WAY		STREET ADDRESS	Same	
CITY - ST - ZIP	HOBE SOUND, FL 33455		CITY - ST - ZIP	Same	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	BOHMUELLER, WOODY		NAME		
STREET ADDRESS	6232 SE AMES WAY		STREET ADDRESS		
CITY - ST - ZIP	HOBE SOUND, FL 33455		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <u><i>Lisa P. Dawley - Treasurer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/4/08</u> <small>Date</small>		
<u>Lisa P. Dawley</u> <small>Daytime Phone #</small>					