2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2009
Secretary of State

DOCUMENT# N26844

Entity Name: AMHERST COVE CONDOMINUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ANCHOR ASSOCIATES INC
3940 RADIO RD #111
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O ANCHOR ASSOCIATES INC
3940 RADIO RD #111
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0083916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINGSTON, SHIRLEY
ANCHOR ASSOCIATES
3940 RADIO RD #111
NAPLES, FL 34104 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: DP ( ) Delete
Name: VENETOS, STAN
Address: 5970 AMHERST DRIVE, #204
City-St-Zip: NAPLES, FL 34112

Title: DVP ( ) Delete
Name: JAY, KELLEY
Address: 5970 AMHERST DR #105
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: ALDEN, VICTORIA
Address: 5960 AMHERST DR. #B.202
City-St-Zip: NAPLES, FL 34112

Title: DS ( ) Delete
Name: MELILLO, TEESIE
Address: 5970 AMHERST DRIVE, #106
City-St-Zip: NAPLES, FL 34112

Title: TD (X) Delete
Name: SMITH, RYAN
Address: 5980 AMHERST DRIVE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MELILLO, MATT
Address: 5970 AMHERST DRIVE, C-106
City-St-Zip: NAPLES, FL 34112

Title: DVP (X) Change ( ) Addition
Name: ROLLINS, JOSEPH
Address: 5970 AMHERST DR A-305
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change ( ) Addition
Name: GRASSO, ROBERT
Address: 5960 AMHERST DR. D-201
City-St-Zip: NAPLES, FL 34112

Title: DS (X) Change ( ) Addition
Name: PAUL, OBERLE
Address: 5970 AMHERST DRIVE, B-301
City-St-Zip: NAPLES, FL 34112

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: MATT MELILLO DP 03/14/2009

Electronic Signature of Signing Officer or Director — Date