

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004138 (4)**  
1. Corporation Name

**AMELIA GARDENS NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business: **5300 SW 91ST TERR GAINESVILLE FL 32608 US**  
Mailing Address: **5300 SW 91ST TERR GAINESVILLE F 32608 US**

3. Date Incorporated or Qualified: **09/08/1993**  
3a. Date of Last Report: **06/23/1995**  
4. FEI Number: **59-3206372**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 5330 SW 91st Terrace**  
2a. Mailing Address: **26 5330 SW 91st Terrace**  
Suite, Apt. #, etc.: **22**  
City & State: **23 Gainesville, FL**  
City & State: **28 Gainesville, FL**  
Zip: **24 32608** Country: **25 Alachua**  
Zip: **29 32608** Country: **30 Alachua**

9. Name and Address of Current Registered Agent  
**SALTER, JAMES D  
703 N.E. FIRST ST.  
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>DST</b>	
NAME	<b>KASKEL, MATTHEW</b>	
STREET ADDRESS	<b>9120 S.W. 46TH BLVD.</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	<b>OV</b>	
NAME	<b>FLEEMAN, DAVID B</b>	
STREET ADDRESS	<b>9120 S.W. 46TH BLVD.</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	<b>DP</b>	
NAME	<b>KRAMER, ROBERT B</b>	
STREET ADDRESS	<b>9120 S.W. 46TH BLVD.</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: **4.26.96** Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)