NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9300004138

1. Corporation Name

AMELIA GARDENS NEIGHBORHOOD ASSOCIATION, INC.



04-27-1999 90150 035 ****61.25

Principal Pla	ace of Business	Mailing Address							
5330 SW 91ST TERRACE GAINESVILLE FL 32608 US 2. Principal Place of Business		5330 SW 91ST TERRACE GAINESVILLE F 32608 US							
:							•		
2. Principal	Place of Business	2a. Mailing Address				Date Incorporated or Qualife	d		
21	26	5			09/08/1993				
	t. #. etc.	Suite, Apr. #, etc.	Suite, Apr. #, etc.			4. FEI Number Applied For			plied For
22		27				59-3206372	Not Applicable		
23	3(8	-				5. Certifcate of Status Desired		\$8.75 / Fee Re	
Zip	Country	Zip	Count	ry		6. Election Campaign Financino		\$5.00	<u> </u>
24	25	29	30			Trust Fund Contribution		Added t	•
	Name and Address of Curr	ent Registered Agent				10. Name and Address of New	Registered	Agent	
	### STAND PROPERTY CONTRIBUTED BY ALTER ADDRESS STAND DELETE ### STANDARS STANDA			1 Name		Bair		-	
RICK MEDINA			8	2 Street	Addres	is (P.O. Box Number is Not Accep	table)		
5330 SW 91ST TERR				53		W 91st Terrace			
GAINESVILLE FL 32601			8	3					
			8	41 City_	<u> </u>	ville,		85 Zio C	Code
						-	FL	_ 326	
11. Pursuan office or	t to the provisions of Sections 617.0: registered agent, or both, in the Stat	502 and 617.1508, Fionda Statu te of Florida, Such change was a	es, the about	ve-named	Corpora	ation submits this statement for the	of the appo	changing its	registered
agent. 1	am familiar with, and accept the obli	dations of Section 517.0503. Fit	riga Statute	s.)	a sould of officiols. Alleleby acce	, /	I I I I I I I I I I I I I I I I I I I	ārarei en
SIGNATURE			race	کخ	Zα	<u></u>	4121	199	
12.			. Registered Age	nt signature	required w		DATE		55.44.45
mie			1,1 TITLE	- 		ADDITIONS/CHANGES TO OF	-FICERS AI	Change	Addition
NAME	1 -		1.2 NAME	\searrow	DP			[] Guarde	
	1440 0111 400110 00		ì	TADDRESS	MCE	Clroy, William			
CITY-ST-ZIP	1		1.4 CITY-1			3 SW 102nd Drive			
TITLE		AT DELETE	2.1 TITLE	51-ZIP	Cai	nesville, Florida	32608	▼ Change	Addition
NAME	EWING LARRY R.		2.1 MAME		עון			Change	[_] Addition
STREET ADDRESS	1			T ADDRESS		ert Courtemanche			
CITY-ST-ZIP	!		2.4 CITY-		4420	SW_103rd Court			
MLE		L. DELETE	3.1 TITLE		Gair	resville, Florida	-32608	Change	☐ Addition
VAME	BROOKS, SCOTT		3.2 NAME	-	Bro	oks, Scott		j v.ayu	
STREET ADDRESS			i i	T ADDRESS I		06 SW 45th Lane			
CITY-ST-ZIP	GAINESVILLE FL 32608		3.4. CITY	ST- 71P		nesville, Florida	22600		
TITLE		☐ DELETE	4.1 TITLE				<u> </u>	☐ Change	Addition
NAME .			4. 2 NAME			•		_ *	-
STREET ADORESS			43 STREE	TADORESS					
CITY-ST-ZIP			4.4 CITY-5						
TITLE		☐ ØELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME	ļ				•	
STREET ADORESS			5.3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY-5	T-ZIP					
TITLE		☐ DELETE	6.1 TTLE					Change	Addition
NAME	1		6.2 NAME	1				-	
STREET ADDRESS			6.3 STREE	T ADDRESS					
CITY-ST-ZIP			6.4 CITY-S	IT-ZIP					

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 comporation or the receiver or nustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if chaptered or on an axaginment with an address, with all other like empowered.