


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90104 043 ****61.25

| | | | | | |
|---|-----------------------|---------------------------------|---|--|---|
| DOCUMENT # N93000004138 | | | |  | |
| 1. Entity Name AMELIA GARDENS NEIGHBORHOOD ASSOCIATION, INC. | | | | | |
| Principal Place of Business 5341 SW 91ST TERRACE SUITE A GAINESVILLE, FL 32608 US | | | Mailing Address 5341 SW 91ST TERRACE SUITE A GAINESVILLE, FL 32608 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3206372 | |
| 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 | | |
| MEDINA, RICK 5330 SW 91ST TERR GAINESVILLE, FL 32608 | | | Name <i>William S. Emmerich</i> | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) <i>5341 SW 91st Terrace</i> | | |
| | | | City <i>Gainesville</i> | | |
| | | | State FL | | |
| Zip Code <i>32608</i> | | | 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: <i>Vivian ...</i> | | | DATE: <i>1/30/06</i> | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | | 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 | DP | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCELROY WILLIAM | | | NAME | |
| STREET ADDRESS | 4413 SW 102ND DR | | | STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 | | | CITY-ST-ZIP | |
| TITLE | DV | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANDERSON, JOHN | | | NAME | |
| STREET ADDRESS | 4432 SW 101ST DRIVE | | | STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 | | | CITY-ST-ZIP | |
| TITLE | DST | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIFINO, SHARON | | | NAME | |
| STREET ADDRESS | 4456 SW 103RD COURT | | | STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 | | | 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 | |
| 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 | |
| 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: <i>John Saldoragan</i> | | | | Date: <i>15 FEB 06</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # | |