


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90015 048 ****61.25

DOCUMENT # N93000004138
 1. Entity Name
AMELIA GARDENS NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address
 5341 SW 91ST TERRACE 5341 SW 91ST TERRACE
 SUITE A SUITE A
 GAINESVILLE FL 32608 GAINESVILLE FL 32608
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State

4. FEI Number Applied For
59-3206372 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 EMMERICK, WILLIAM S
 5341 SW 91ST TERRACE
 GAINESVILLE FL 32608

7. Name and Address of New Registered Agent
 Name: *PAT T. J. Mc - Management Specialist*
 Street Address (P.O. Box Number is Not Acceptable): *5341 SW 91st Terrace*
 City: *Gainesville* FL Zip Code: *32608*

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: *[Signature]* DATE: *2-27-07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCELROY WILLIAM	
STREET ADDRESS	4413 SW 102ND DR	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SANDERSON, JOHN	
STREET ADDRESS	4432 SW 101ST DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	DIFINO, SHARON	<i>OK NO change</i>
STREET ADDRESS	4456 SW 103RD COURT	
CITY-ST-ZIP	GAINESVILLE FL 32608	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *x John Sanderson*

4/20/07 352-379-7576