

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004138

FILED
Feb 17, 2008
Secretary of State

Entity Name: AMELIA GARDENS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

5341 SW 91ST TERRACE
SUITE A
GAINESVILLE, FL 32608 US

New Principal Place of Business:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

Current Mailing Address:

5341 SW 91ST TERRACE
SUITE A
GAINESVILLE, FL 32608 US

New Mailing Address:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

FEI Number: 59-3206372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAT TRIPPE- MANAGEMENT SPECIALIST
5341 SW 91ST TERRACE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

PAT TRIPPE- MANAGEMENT SPECIALIST
5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

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:

02/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCELROY WILLIAM,
Address: 4413 SW 102ND DR
City-St-Zip: GAINESVILLE, FL 32608

Title: DV () Delete
Name: SANDERSON, JOHN
Address: 4432 SW 101ST DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: DST () Delete
Name: DIFINO, SHARON
Address: 4456 SW 103RD COURT
City-St-Zip: GAINESVILLE, FL 32608

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MUIRHEAD, ANDREA
Address: 4456 SW 103RD COURT
City-St-Zip: GAINESVILLE, FL 32608

Title: VP () Change (X) Addition
Name: SANDERSON, JACK
Address: 4432 SW 101ST DRIVE
City-St-Zip: GAINESVILLE, FL 32608

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: WILLIAM MCELROY

P

02/17/2008

Electronic Signature of Signing Officer or Director

Date