

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004138

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: AMELIA GARDENS NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**Name and Address of New Registered Agent:**

CONNER, SARAH AGENT  
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: SARAH CONNER, AGENT

04/25/2009

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

PRES

04/25/2009

Electronic Signature of Signing Officer or Director

Date