

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004138

**Entity Name:** AMELIA GARDENS NEIGHBORHOOD ASSOCIATION, INC.

**FILED**  
**Mar 29, 2023**  
**Secretary of State**  
**7883897403CC**

**Current Principal Place of Business:**

5950 NW 1ST PLACE  
SUITE 160  
GAINESVILLE, FL 32607

**Current Mailing Address:**

5950 NW 1ST PLACE  
SUITE 160  
GAINESVILLE, FL 32607 US

**FEI Number: 59-3206372**

**Certificate of Status Desired: No**

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

CHRISTOPHER, JORDAN  
5950 NW 1ST PLACE  
SUITE 160  
GAINESVILLE, FL 32607 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: CHRISTOPHER JORDAN**

**03/29/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCELROY, BILL  
Address        5950 NW 1ST PLACE  
                 SUITE 160  
City-State-Zip: GAINESVILLE FL 32607

Title            VP  
Name            RADUNOVICH, BILL  
Address        5950 NW 1ST PLACE  
                 SUITE 160  
City-State-Zip: GAINESVILLE FL 32607

Title            TREASURER  
Name            LANG, BILL  
Address        5950 NW 1ST PLACE  
                 SUITE 160  
City-State-Zip: GAINESVILLE FL 32607

Title            DIRECTOR  
Name            TARNUZZER, NINA  
Address        5950 NW 1ST PLACE  
                 SUITE 160  
City-State-Zip: GAINESVILLE FL 32607

Title            REGISTERED AGENT  
Name            JORDAN, CHRISTOPHER  
Address        5950 NW 1ST PLACE  
                 SUITE 160  
City-State-Zip: GAINESVILLE FL 32607

Title            DIRECTOR  
Name            CHAPMAN, BRIAN  
Address        5950 NW 1ST PLACE  
                 SUITE 160  
City-State-Zip: GAINESVILLE FL 32607

*I hereby 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 all other like empowered.*

**SIGNATURE: CHRISTOPHER JORDAN**

**REGISTERED AGENT**

**03/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date