## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002818

FILED Mar 27, 2008 Secretary of State

Entity Name: OCEAN CAY AT AMELIA ISLAND HOMEOWNERS ASSOCIATION, INC.

Current Pr	incipal Place of Business:	New Principal Place of Business:
463499 STATE ROAD 200 YULEE, FL 32097 US		1896 S. 14TH STREET SUITE 6 AMELIA ISLAND, FL 32034 US
Current Ma	ailing Address:	New Mailing Address:
PO BOX 19 YULEE, FL	987 320411987 US	1896 S. 14TH STREET SUITE 6 AMELIA ISLAND, FL 32034 US
FEI Number:	59-3676709 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
PROPERTY MANAGEMENT SYSTEMS INC 463499 STATE ROAD 200 YULEE, FL 32097 US		GALPHIN REAL ESTATE SERVICES, INC. 1896 S. 14TH STREET SUITE 6 AMELIA ISLAND, FL 32034 US
The above in the State		rpose of changing its registered office or registered agent, or both,
SIGNATUR	RE: JOY GALPHIN	03/27/2008
	Electronic Signature of Registered Agent	t Date
OFFICERS	AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P/D ( ) Delete HRUBY, JUDITH 419 PORTSIDE DRIVE FERNANDINA BEACH, FL 32034 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	V/D ( ) Delete MONROE, CHARLES 417 GEORGIA AVENUE FERNANDINA BEACH, FL 32034 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	STD ( ) Delete WISE, PAM 405 GEORGIA AVENUE FERNANDINA BEACH, FL 32034 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete BRYAN, JERRY 2623 GEORGIA AVENUE FERNANDINA BEACH, FL 32034 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete YAKABOW, ALAN 2604 PORTSIDE DRIVE FERNANDINA BEACH, FL 32034 US	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: JUDITH HRUBY PRES 03/27/2008