

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002818

FILED  
Feb 17, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1896 S. 14TH STREET  
SUITE 6  
AMELIA ISLAND, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

1896 S. 14TH STREET  
SUITE 6  
AMELIA ISLAND, FL 32034 US

**New Mailing Address:**

**FEI Number:** 59-3676709      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GALPHIN REAL ESTATE SERVICES, INC.  
1896 S. 14TH STREET  
SUITE 6  
AMELIA ISLAND, FL 32034 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: HRUBY, JUDITH  
Address: 419 PORTSIDE DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: VD ( ) Delete  
Name: SMITH, JAY  
Address: 416 PORTSIDE DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SD ( ) Delete  
Name: WISE, PAM  
Address: 405 GEORGIA AVENUE  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: TD ( ) Delete  
Name: GRISSON, EDWARD  
Address: 414 GEORGIA AVENUE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: YAKABOW, ALAN  
Address: 2604 PORTSIDE DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

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

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

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

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

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: JUDITH HRUBY

P

02/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date