2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# N04000001090

Entity Name: PARK VIEW OF AMELIA HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

144 LONGPOINT DR
FERNANDINA BCH, FL 32034

New Principal Place of Business:

821 PARK VIEW PLACE EAST
FERNANDINA BCH, FL 32034

Current Mailing Address:

144 LONGPOINT DR
FERNANDINA BCH, FL 32034

New Mailing Address:

821 PARK VIEW PLACE EAST
FERNANDINA BCH, FL 32034

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROWAN, SHARON M
144 LONGPOINT DR
FERNANDINA BCH, FL 32034 US

Name and Address of New Registered Agent:

MORRIS, MAC
821 PARK VIEW PLACE EAST
FERNANDINA BEACH, FL 32034 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: MAC MORRISS 04/19/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: ROWAN, SHARON M
Address: 144 LONGPOINT DR
City-St-Zip: FERNANDINA BCH, FL 32034

Title: D ( ) Delete
Name: ROWAN, JON DERIC
Address: 144 LONG POINT DR
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete
Name: ROWAN, KRISTEN
Address: 144 LONG POINT DR
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MORRISS, MAC S
Address: 821 PARK VIEW PLACE EAST
City-St-Zip: FERNANDINA BCH, FL 32034

Title: SEC (X) Change ( ) Addition
Name: LENTZ, ROBIN
Address: 802 PARK VIEW PLACE EAST
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TRES (X) Change ( ) Addition
Name: BEACH, COLEEN
Address: 861 PARK VIEW PLACE EAST
City-St-Zip: FERNANDINA BEACH, FL 32034

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: MAC MORRIS PRES 04/19/2009
Electronic Signature of Signing Officer or Director — Date