

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002645

FILED  
Apr 12, 2007  
Secretary of State

**Entity Name:** CAPE SOUND ON AMELIA ISLAND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

474382 SR 2000  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 6086  
FERNANDINA BEACH, FL 32035

**New Mailing Address:**

**FEI Number:** 20-5796119

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JACOBS, ARTHUR I  
961687 GATEWAY BLVD SUITE 201N  
FERNANDINA BEACH, 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: PTD ( ) Delete  
Name: AMES, CHARLES D  
Address: 14881 QUORUM DRIVE, SUITE 950  
City-St-Zip: DALLAS, TX 75254

Title: VD ( ) Delete  
Name: SMITH, LUANNE  
Address: 85044 SAG HARBOR CT  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SD ( ) Delete  
Name: BLATT, JEFFREY T  
Address: 500 W 16TH STREET SUITE 102  
City-St-Zip: AUSTIN, TX 78701

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

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

Title: VD (X) Change ( ) Addition  
Name: SMITH, LUANNE  
Address: P. O. BOX 6102  
City-St-Zip: FERNANDINA BEACH, FL 32035

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LUANNE SMITH

VD

04/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date