

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005351

FILED  
Feb 23, 2012  
Secretary of State

Entity Name: AMELIA ISLAND EQUITY CLUB, INC.

**Current Principal Place of Business:**

5 OCEAN CLUB DR.  
FERNANDINA BCH, FL 32034

**New Principal Place of Business:**

5 OCEAN CLUB DR.  
AMELIA ISLAND, FL 32034

**Current Mailing Address:**

5 OCEAN CLUB DR.  
FERNANDINA BCH, FL 32034

**New Mailing Address:**

5 OCEAN CLUB DR.  
AMELIA ISLAND, FL 32034

FEI Number: 27-2967414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MICHAEL RYAN, GENERAL MANAGER/COO  
5 OCEAN CLUB DRIVE.  
FERNANDINA BCH, FL 32034 US

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

MICHAEL RYAN, GENERAL MANAGER/COO  
5 OCEAN CLUB DRIVE.  
AMELIA ISLAND, 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: MICHAEL RYAN

02/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SUTTON, THOMAS  
Address: 104 SNOWY EGERT  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VP  
Name: ARDIA, STEVE  
Address: 1514 PIPER DUNES PLACE  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: TREA  
Name: WALLACE, DREW  
Address: 16 WILD GRAPE DRIVE  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: SEC  
Name: CARDILE, FRANK  
Address: 24 LONG POINT DRIVE  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: DIR  
Name: SCHROEDER, DENNIS  
Address: 3 LIVE OAK  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: DIR  
Name: ABOOD, FRED  
Address: 1 LITTLE DUNES CIRCLE  
City-St-Zip: AMELIA ISLAND, FL 32034

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: THOMAS SUTTON

PRES

02/23/2012

Electronic Signature of Signing Officer or Director

Date