2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # N23671 AKE COMMUNITY ASSOC	IATION, INC.		03-15-2	2004 90009 0	28 ****6	51.25	
Principal Place of Business AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034		Mailing Address AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034		1.4069/01.878 (1010.87) 8				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052004 Chg-NP	CR2E03	7 (10/03)		
City & State		City & State		4. FEI Number 59-2867832		→	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Des		\$8.75 Add Fee Require		
	** 6. Name and Address of Current F	Registered Agent	7	7. Name and Address of I	New Registered A	gent -		
AMELIA IS	NAND MANAGEMENT		Dame i	d Gregory				
AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034		Ame1	Street Address (P.O. Box Number is Not Acceptable) Amelia island Wanagement					
AMELIA ISLAND, FL 32034				First Coast Highwa	ay			
			Aire1	Amelia Island FL 292094				
SIGNATURE .	Nava Q.	nanhou / DA	מנט B	GREGORY 21	17/14			
SIGNATURE	Signature. Wheel or printed name of registered a senial Filling Fee is \$61.25 Due by May 1, 2004	nd illigrappicable. (NOTE: Re 5: Election Campa Trust Fund Con	aign Financing	\$5.00 May Be	Make check			
	Filing Fee is \$61.25 Due by May 1, 2004	5. Election Campa Trust Fund Con	aign Financing stribution.	\$5.00 May Be Added to Fees	Make check Florida Depart	ment of S	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25	5. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be	Make check Florida Depart	ment of S	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

Langle Ci Vanda Donald C.RANDA 02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR