2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728467

Entity Name: FIDDLER'S BEND VILLAS ASSOCIATION, INCORPORATED

FILED
Apr 01, 2016
Secretary of State
CC4518007918

04/01/2016

Current Principal Place of Business:

5440 FIRST COAST HWY. AMELIA ISLAND. FL 32034

Current Mailing Address:

C/O AMELIA ISLAND MANAGEMENT 5440 FIRST COAST HWY. AMELIA ISLAND. FL 32034 US

FEI Number: 52-1046213 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

LAMBIASE, NICHOLAS JR. 5440 FIRST COAST HWY. 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: NICHOLAS LAMBIASE, JR.

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PD Title VD

Name SMEETON, THOMAS Name LATIMER, HUGH

Address C/O AMELIA ISLAND MANAGEMENT Address C/O AMELIA ISLAND MANAGEMENT

5440 FIRST COAST HWY. 5440 FIRST COAST HWY.

City-State-Zip: AMELIA ISLAND FL 32034 City-State-Zip: AMELIA ISLAND FL 32034

Title STD Title D

Name MINTER, MERTON M JR. Name HOLLER, JOHN H

Address C/O AMELIA ISLAND MANAGEMENT Address C/O AMELIA ISLAND MANAGEMENT

5440 FIRST COAST HWY. 5440 FIRST COAST HWY.

City-State-Zip: AMELIA ISLAND FL 32034 City-State-Zip: AMELIA ISLAND FL 32034

Title D

Name KING, IRVING H

Address C/O AMELIA ISLAND MANAGEMENT

5440 FIRST COAST HWY.

City-State-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 SMEETON

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/01/2016