

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002026

Entity Name: AMALFI COAST RESORT CONDOMINIUM OWNERS
ASSOCIATION, INC.

FILED
Jan 12, 2015
Secretary of State
CC0280560013

Current Principal Place of Business:

778 SCENIC GULF DRIVE
#D429
MIRAMAR BEACH, FL 32550

Current Mailing Address:

778 SCENIC GULF DRIVE
#D429
MIRAMAR BEACH, FL 32550

FEI Number: 59-3725635

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, PA
348 MIRACLE STRIP PKWY SW SUITE 7
FORT WALTON BEACH, FL 32548 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name ZIMMERMAN, ROBERT
Address 4641 GULFSTARR DR STE 104
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name ACKLIN, TOM
Address 4641 GULFSTARR DR STE 104
City-State-Zip: DESTIN FL 32541

Title VP
Name MINCHEW, KAYE
Address 4641 GULFSTARR DR STE 104
City-State-Zip: DESTIN FL 32541

Title DIR
Name SMITH, WAYNE
Address 4641 GULFSTARR DR STE 104
City-State-Zip: DESTIN FL 32541

Title SECRETARY
Name CLEMENTS, MELISSA
Address 4641 GULFSTARR DR STE 104
City-State-Zip: DESTIN FL 32541-3776

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: ROBERT ZIMMERMAN

PRES

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date