

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005351

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC5327842202**

**Entity Name:** AMELIA ISLAND EQUITY CLUB, INC.

**Current Principal Place of Business:**

5 OCEAN CLUB DR.  
AMELIA ISLAND, FL 32034

**Current Mailing Address:**

5 OCEAN CLUB DR.  
AMELIA ISLAND, FL 32034

**FEI Number:** 27-2967414

**Certificate of Status Desired:** No

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

BRIAN, NAY  
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:** BRIAN NAY

04/16/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name AMOS, BILL  
Address 38 OCEAN CLUB DR  
City-State-Zip: AMELIA ISLAND FL 32034

Title TREASURER  
Name TURNER, RONALD  
Address 24 DUNES RD  
City-State-Zip: AMELIA ISLAND FL 32034

Title SECRETARY  
Name LEDWIN, MARY ELLEN  
Address 45 LONG POINT DRIVE  
City-State-Zip: AMELIA ISLAND FL 32034

Title DIRECTOR  
Name BORAKOVE, FRED  
Address 3059 SEA MARSH RD  
City-State-Zip: AMELIA ISLAND FL 32034

Title VP  
Name HUGHES, ELIZABETH  
Address 32 MARSH CREEK  
City-State-Zip: AMELIA ISLAND FL 32034

Title PRESIDENT  
Name SMILEY, WILLIAM  
Address 1527 PIPER DUNES PLACE  
City-State-Zip: AMELIA ISLAND FL 32034

Title DIRECTOR  
Name ASAY, LINDA  
Address 82 MARSH CREEK ROAD  
City-State-Zip: AMELIA ISLAND FL 32034

Title DIRECTOR  
Name MILLEN, DON  
Address 1764 DUNES CLUB PLACE  
City-State-Zip: AMELIA ISLAND FL 32034

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*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:** RONALD TURNER

TREASURER

04/16/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name BARG, DIANE

Address 9 OAK POINT CIRCLE

City-State-Zip: AMELIA ISLAND FL 32034