2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000005351

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

Name and Address of Current Registered Agent:

DONALD LENAHAN, GENERAL MANAGER 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:	: DONALD LENAHAN	DONALD LENAHAN		
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	DIRECTOR	Title	TREASURER	
Name	AMOS, BILL	Name	TURNER, RONALD	
Address	38 OCEAN CLUB DR	Address	24 DUNES RD	
City-State-Zip:	AMELIA ISLAND FL 32034	City-State-Zip:	AMELIA ISLAND FL 32034	
Title	PRESIDENT	Title	DIRECTOR	
Name	CARDILE, FRANK	Name	SCHROEDER, DENNIS	
Address	24 LONG POINT DRIVE	Address	3 LIVE OAK	
City-State-Zip:	AMELIA ISLAND FL 32034	City-State-Zip:	AMELIA ISLAND FL 32034	
Title	SECRETARY	Title	VP	
Name	HUGHES, ELIZABETH	Name	SMILEY, WILLIAM	
Address	32 MARSH CREEK	Address	1527 PIPER DUNES PLACE	
City-State-Zip:	AMELIA ISLAND FL 32034	City-State-Zip:	AMELIA ISLAND FL 32034	
Title	DIRECTOR	Title	DIRECTOR	
Name	WATTS, CLAUDIA	Name	MILLEN, DON	
Address	38 MARSH CREEK RD.	Address	1764 DUNES CLUB PLACE	
City-State-Zip:	AMELIA ISLAND FL 32034	City-State-Zip:	AMELIA ISLAND FL 32034	
		Continues of	on page 2	

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

03/19/2014

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BARG, DIANE
Address	9 OAK POINT CIRCLE
City-State-Zip:	AMELIA ISLAND FL 32034