2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#723404

City-St-Zip:

FILED Jan 24, 2009 Secretary of State

Entity Name: AMELIA ISLAND PLANTATION COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034 **New Mailing Address: Current Mailing Address:** C/O AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034 FEI Number: 59-1638973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HEALAN, JACK B JR MUIR, ROBERT C III 3000 FIRST COAST HWY. 3000 FIRST COAST HWY. FERNANDINA BEACH, FL 32034 US FERNANDINA BEACH, 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: ROBERT C. MUIR, III 01/24/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete DAVIS, JOSEPH R HANKS, ROBERT P Name: Name: 85 OVERLOOK RD Address: 19 LITTLE DUNES Address: City-St-Zip: MARBLEHEAD, MA 01945 City-St-Zip: AMELIA ISLAND, FL 32034 Title: Title: VSD () Change (X) Addition () Delete Name: BOLAN, ROBERT S Name: Address: Address: 9 BELTED KINGFISHER ROAD City-St-Zip: City-St-Zip: AMELIA ISLAND, FL 32034 Title: () Delete Title: TD () Change (X) Addition BLAKE, JULIE Name: Name: Address: Address: 4 HARRISON CREEK ROAD City-St-Zip: City-St-Zip: AMELIA ISLAND, FL 32034 Title: () Delete Title: () Change (X) Addition Name: Name: BERNIER, JAMES T Address: Address: 5 MOSS OAKS DRIVE City-St-Zip: City-St-Zip: AMELIA ISLAND, FL 32034 Title: () Delete Title: () Change (X) Addition KEIGWIN, BEVERLY Name: Name: 2 SOUND POINT PLACE Address: Address: City-St-Zip: City-St-Zip: AMELIA ISLAND, FL 32034 Title: () Delete Title: () Change (X) Addition SPAETH, ROBERT Name: Name: Address: Address: 82 MARSH CREEK ROAD

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBERT P. HANKS Ρ 01/24/2009

AMELIA ISLAND, FL 32034