2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 727787

1. Entity Name
POOL VILLAS ASSOCIATION, INCORPORATED



								4.	 -			
C/O AMELIA ISLAND MANAGEMENT C/O 3000 FIRST COAST HWY. 300			C/O A 3000	lailing Address C/O AMELIA ISLAND MANAGEMENT BOOO FIRST COAST HWY. AMELIA ISLAND, FL 32034					.	 	EN ENN 2184 AN	F## ##
2. Principal P	lace of Busin	ess	3. Mail	Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01122006	Chg-NP	CR2E0	37 (11/05)	
City & State	B		Cit	City & State				4. FEI Number 59-156			_ 	oplied For
Zip	Zip Country Z			p Country				5. Certificate	of Status Desire	d 🗆	\$8.75 Add	ditional
6. Name and Address of Current Register			Registere	ed Agent				7. Name and	Address of Ne	w Registered	Agent	
						Name						
GREGORY, DAVID AMELIA ISLAND MANAGEMENT						Street Address (P.O. Box Number is Not Acceptable)						
3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034												
						City				FL	Zip Cod	
8. 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. I am familiar with, and accept the obligations of registered agent.												
the obligat	ions or regist	ered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Filing Fee is \$61.25 Due by May 1, 2006				Election Campaign Financing Trust Fund Contribution.				\$5.00 May E Added to Fees	e F	Make chec Iorida Depa	k payable t rtment of S	
10.		OFFICERS AND DIF	RECTORS		11.		A	ODITIONS/CH	ANGES TO OFF	ICERS AND D	IRECTORS IN	l 10
TITLE	VD			∑ Delete	TITLE						☐ Change	Addition
NAME	HORINE,	DAVID			NAME							
STREET ADDRESS	3100 SEA	MARSH ROAD			STREE	T ADDRESS						
CITY-ST-ZIP	AMELIA IS	SLAND, FL 32034			CITY-	\$T-ZIP						
TITLE	STD			Defete	TITLE						Change	☐ Addition
NAME		EDDINGS, CLARK			NAME							
STREET ADORESS	3110 SEAMARSH RD ARMELIA ISLAND, FL 32034			CITY-S		T ADDRESS	•					
CITY-ST-ZIP		ISLAND, FL 32034			-1	31.7IL	Ame	lla is.	land, F	L 320		- Addition
TITLE NAME	PD	MARY FARICY		Defete	TITLE						☐ Change	Addition
STREET ADDRESS	4 HICKOF					T ADORESS						
CITY-ST-ZIP		DINA BEACH, FL 3203	4			ST-ZIP						
TITLE	D			☐ Delete	TITLE				,		☐ Change	☐ Addition
NAME		AY, DANNY			NAME		_					_
STREET ADDRESS	P.O. BOX	935			STREE	1 ADORESS	P. (O. Box	953			
CITY-ST-ZIP	ADEL, GA	31620			CITY-	ST-ZIP						
TITLE	·			Delete	TITLE		PD				Change	★ Addition
NAME					NAME	1	Bri	dgewate	er, Erl	e		
STREET ADDRESS						1 ADORESS			trial L			
CITY-ST-ZIP					CITY-	31-ZIF	Ora	nge Pa	ck, FL	<u>32073</u>		□ . =====
TITLE				Delete	TITLE						☐ Change	☐ Addition
NAME												
					CLUEE.	LYDUKECC						
STREET ADDRESS						T ADORESS ST-ZIP						
CITY-ST-ZIP	partify that the	e information supplied with	this filing	does not qualify for	CITY-	ST-ZIP	intained	in Chapter 119	Florida Statuto	s I further co-	tify that the in	oformation

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

D Clark	Jelfor-	ald	4
NATURE AND TYPED OR PRINT	OF SIGN	ING OFFICE	R DIRECTO

3/6/06

Daytime Phone #

FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90350 042 ****61.25