

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727787

FILED  
Feb 17, 2012  
Secretary of State

**Entity Name:** POOL VILLAS ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

5440 FIRST COAST HWY  
AMELIA ISLAND, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

C/O AMELIA ISLAND MANAGEMENT  
PO BOX 3000  
AMELIA ISLAND, FL 32035

**New Mailing Address:**

**FEI Number:** 59-1567339

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUIR, ROBERT C III  
5440 FIRST COAST HWY.  
AMELIA ISLAND, FL 32034 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BRIDGEWATER, ERLE  
Address: PO BOX 3000  
City-St-Zip: AMELIA ISLAND, FL 32035

Title: STD  
Name: JOHNSON, JULIE H  
Address: PO BOX 3000  
City-St-Zip: AMELIA ISLAND, FL 32035

Title: D  
Name: MADDOX, TRENT  
Address: PO BOX 3000  
City-St-Zip: AMELIA ISLAND, FL 32035

Title: D  
Name: MILLER, CLARA  
Address: PO BOX 3000  
City-St-Zip: AMELIA ISLAND, FL 32035

Title: D  
Name: SATURDAY, DANNY  
Address: P.O. BOX 3000  
City-St-Zip: AMELIA ISLAND, FL 32035

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: ERLE BRIDGEWATER

PD

02/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date