


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90044 044 \*\*\*\*61.25

<b>DOCUMENT # 728467</b>					
<b>1. Entity Name</b> FIDDLER'S BEND VILLAS ASSOCIATION, INCORPORATED					
<b>Principal Place of Business</b> C/O AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY AMELIA ISLAND, FL 32034			<b>Mailing Address</b> C/O AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY AMELIA ISLAND, FL 32034		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02092007    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 52-1046213				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GREGORY, DAVID AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAGNER, RICHMOND		NAME		
STREET ADDRESS	3405 SEA MARSH RD		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND, FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLLGAST, LEE		NAME		
STREET ADDRESS	3418 SEA MARSH ROAD		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMEETON, TOM		NAME		
STREET ADDRESS	3401 SEA MARSH ROAD		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORRISTAL, TOM DR		NAME		
STREET ADDRESS	3427 SEA MARSH ROAD		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LATIMER, HAL		NAME		
STREET ADDRESS	3438 SEA MARSH RD		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D Rollins, Jimmy V.	
STREET ADDRESS			STREET ADDRESS	3402 Sea marsh Rd.	
CITY-ST-ZIP			CITY-ST-ZIP	Amelia Island, FL 32034	
<b>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 or without power of attorney.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3/26/07    Daytime Phone #		