2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729271

FILED Feb 18, 2009 Secretary of State

Entity Name: FERNANDINA SHORES CONDOMINIUM ASSOCIATION, INC.

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|--|---|--|---|--|
| 3OX 6300 | ON AVENUE SLAND, FL 320 | 034 | | | |
| Current Mailing Address: | | | New Mailing Addres | ss: | |
| 3OX 6300 | ON AVENUE BLAND, FL 320 | 034 | | | |
| El Number: | : 59-1772143 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | Current Registered Agent: | Name and Address | of New Registered Agent: | |
| 1896 SOU SUITE 6 AMELIA IS The above n the State | TH 14TH ST. SLAND, FL 320 named entity se of Florida. | | ourpose of changing its register | ed office or registered agent, or both, | |
| SIGNATUF | | ic Signature of Registered Age | ent | Date | |
| OFFICERS | S AND DIREC | | | GES TO OFFICERS AND DIRECTORS: | |
| Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: City-St-Zip: | PERRETT, JAC 85279 AMAGAI FERNANDINA E VT () PYRZENSKI, P 807 CITY BLVE WAYCROSS, G S () MEGNA, JOHN 631 TARPON A | NSETT DRIVE BEACH, FL 32034 Delete ETER A 31501 Delete P | Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | () Change () Addition () Change () Addition () Change () Addition | |
| Fitle: Name: Address: City-St-Zip: | BURCHELL, RI 631 TARPON A | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Fitle: Name: Address: City-St-Zip: | MCINTYRE, JA 1009 WHITE S | | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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.

SIGNATURE: JACK PERRETT P 02/18/2009