

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752652

FILED
Feb 26, 2009
Secretary of State

Entity Name: AMELIA ISLAND SANCTUARY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8360 SANCTUARY LANE
AMELIA ISLAND, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

8360 SANCTUARY LANE
AMELIA ISLAND, FL 32034 US

New Mailing Address:

FEI Number: 59-2876725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, CREIGHTON
8360 SANCTUARY LANE
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: D () Delete
Name: DORMAN, SUSAN
Address: 8264 SANCTUARY LANE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: PCD () Delete
Name: EASTERLY, DAVID
Address: 8262 SANCTUARY LN
City-St-Zip: AMELIA ISLAND, FL 32034

Title: STD () Delete
Name: HOFFMAN, CREIGHTON
Address: 8360 SANCTUARY LANE
City-St-Zip: AMELIA ISLAND, FL 32034 US

Title: D () Delete
Name: JADEJA, LEENA
Address: 4480 WORTH DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Delete
Name: HARRELD, MARY
Address: 8426 SANCTUARY LANE
City-St-Zip: AMELIA ISLAND, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EASTERLY, DAVID
Address: 8262 SANCTUARY LN
City-St-Zip: AMELIA ISLAND, FL 32034

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PCD (X) Change () Addition
Name: JADEJA, LEENA
Address: 4480 WORTH DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CREIGHTON G. HOFFMAN

STD

02/26/2009

Electronic Signature of Signing Officer or Director

Date