

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90351 025 ****61.25

DOCUMENT # 761934					
1. Entity Name AMELIA SURF & RACQUET CLUB ASSOCIATION, INC.					
Principal Place of Business 3000 FIRST COAST HIGHWAY BUILDING #4 AMELIA ISLAND, FL 32035 US			Mailing Address POST OFFICE BOX 3000 AMELIA ISLAND, FL 32035 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREGORY, DAVID AMELIA ISLAND MGMT 3000 FIRST COAST HWY FERNANDINA BEACH, FL 32034				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, JOHN		NAME	Milton, James	
STREET ADDRESS	4399 PHILLIPS PLACE		STREET ADDRESS	10804 Big Canoe	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Big Canoe, GA 30143-5136	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOWRONSKI, JOHN		NAME		
STREET ADDRESS	4800 AMELIA PKWY B127		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLAND, DYCKMAN		NAME		
STREET ADDRESS	3 OLD FULLER MILL ROAD		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA, GA 20067		CITY-ST-ZIP		zip: 30067-4125
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORTON, DONALD		NAME		
STREET ADDRESS	615 SPRINGFIELD DR. N.E.		STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND, TN		CITY-ST-ZIP		zip: 37312
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LARRY		NAME		
STREET ADDRESS	2338 STEVENSON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CHARLESTON, SC 29414		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, LAURA		NAME		
STREET ADDRESS	2617 NW 34TH TERR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
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.					
SIGNATURE: <i>John L. Lorton</i>				Date: 4/6/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

40043306



01112006 Chg-NP CR2E037 (11/05)

4. FEI Number 57-0741796 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL

Zip Code

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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NAME	POLAND, DYCKMAN		NAME		
STREET ADDRESS	3 OLD FULLER MILL ROAD		STREET ADDRESS		
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SIGNATURE:

John L. Lorton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 40049902

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Amelia Surf & Racquet Club Association, Inc.

10. Officers and Directors (continued)

D Addition
Burnette, Mary Beth
271 Breeze Hill Ct.
Canton, GA 30114

D Addition
Gillis, William H.
955 Lynn Drive
Waycross, GA 31503

D Addition
Rew, Ronald D.
597 Delphinium Blvd.
Acworth, GA 30102

D Addition
Sipe, John L. Jr.
105 Winged Foot
St. Simons, GA 31522-2436

D Addition
Thurn, Steve
2134 Nicholasville Road, #2
Lexington, KY 40503

D Addition
Wilson, Hal
P. O. Box 112
Waycross, GA 31502