
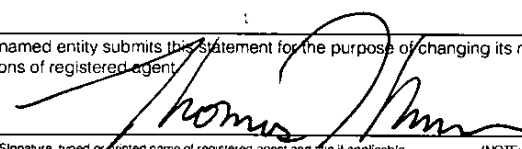
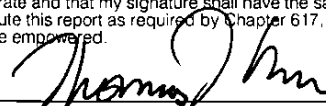


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90051 045 \*\*\*\*61.25

<b>DOCUMENT # 763992</b> 1. Entity Name <b>AMELIA ISLAND SAILING CLUB, INCORPORATED</b>					
Principal Place of Business <b>P.O. BOX 1363 FERNANDINA BCH, FL 32034</b>			Mailing Address <b>P.O. BOX 1363 FERNANDINA BCH, FL 32034</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40051500	
City & State		City & State		02072008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2804571</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>HOLCOMB, DARRELL 303 CENTRE ST STE 105 VILLA #313 FERNANDINA BEACH, FL 32034</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>THOMAS T MASON</b> Street Address (P.O. Box Number is Not Acceptable) <b>8678 Riverwood Dr</b> City <b>Yulee</b> FL Zip Code <b>32097</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.					
SIGNATURE  DATE <b>2-10-08</b> <small>Signature, typed or printed name of registered agent and due if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing 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 NAME STREET ADDRESS CITY - ST - ZIP	<b>T HENDERSON, ROGER 591 PINEY ISLAND DR. FERNANDINA BEACH, FL 32034</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T THOMAS MASON 8678 Riverwood Dr Yulee FL 32097</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C BURNS, JOHN 86411 EASTPORT DR. FERNANDINA BEACH, FL 32034</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C Joe Blanchard 1008 NATURES WALK DRIVE UNIT B FERNANDINA BEACH FL 32034</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>RC BLANCHARD, JOE 1008 NATURES WALK DRIVE, UNIT B FERNANDINA BEACH, FL 32034</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>RC George Mason Hecksher Dr JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VC STEINKAMP, CHARLES 1642 PLANTAITON OAKS LANE FERNANDINA BEACH, FL 32034</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>THOMAS T MASON</b>  DATE <b>2-10-08</b> 904-485-1535 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					