FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORICA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL 12 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765121 (9)

1. Corporation Name

AMELIA LANDINGS PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
C/O AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HIGHWAY AMELIA ISLAND FL 32034	C/O AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HIGHWAY AMELIA ISLAND FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1982
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2363341 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HWY
AMELIA ISLAND FL 32034

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	1.1 TITLE	☐ Change ☐ Addition
NAME	~~ROBBINS, EUGENE~~	1.2 NAME	500001536135
STREET ADDRESS	~~5300 SUNNINGDALE DR~~	1.3 STREET ADDRESS	-07/12/95--01077--020
CITY-ST-ZIP	~~CHARLOTTE NC~~	1.4 CITY-ST-ZIP	****155.00 ****155.00
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	LEMLEY, STEVE	2.2 NAME	
STREET ADDRESS	RT 13 BOX 258	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	PD XX Change ☐ Addition
NAME	HANCOCK, JERRY	3.2 NAME	Savino, Ben
STREET ADDRESS	2512 DEVON DRIVE	3.3 STREET ADDRESS	2328 Sadler Rd. Unit 6D
CITY-ST-ZIP	ALBANY GA	3.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	D	4.1 TITLE	D XX Change ☐ Addition
NAME	HURST, BILL	4.2 NAME	Flowers, Brett
STREET ADDRESS	410 LISTER STREET	4.3 STREET ADDRESS	2328 Sadler Rd., Unit 1-B
CITY-ST-ZIP	WAYCROSS GA	4.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	SAVINO, BEN	5.2 NAME	Boner, Edward E.
STREET ADDRESS	2328 SADLER ROAD, UNIT 60	5.3 STREET ADDRESS	2328 Sadler Rd. Unit 3F
CITY-ST-ZIP	FERNANDINAO BEACH FL	5.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ben Savino - BEN SAVINO 6/10/95 (904)526-9232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021640