

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765121

FILED
Jan 24, 2009
Secretary of State

Entity Name: AMELIA LANDINGS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034

New Principal Place of Business:

Current Mailing Address:

C/O AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034

New Mailing Address:

FEI Number: 59-2363341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEALAN, JACK B JR
3000 FIRST COAST HWY
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

MUIR, ROBERT C III
3000 FIRST COAST HWY
FERNANDINA BEACH, FL 32034 US

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: ROBERT C. MUIR, III

01/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VTD () Delete
Name: LEMLEY, STEPHEN DR
Address: 512 W DUVAL ST
City-St-Zip: LAKE CITY, FL 32055

Title: SD () Delete
Name: DEVEREAUX, NANCY F
Address: POST OFFICE BOX 16558
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: PD () Delete
Name: GIRARD, SUE
Address: P.O. BOX 2351
City-St-Zip: BAY CITY, MI 48707

Title: D () Delete
Name: MOORE, ROBERT L PH. D
Address: 2608 HILLTOP DR
City-St-Zip: MARSHALLTOWN, IA 50158

Title: D () Delete
Name: EAVES, GREGORY
Address: 2328 SADLER RD UNIT 9F
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: GIRARD, SUSAN
Address: P.O. BOX 2351
City-St-Zip: BAY CITY, MI 48707

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

Title: D (X) Change () Addition
Name: TRICKETT, CARL
Address: 135 STUART COURT
City-St-Zip: LAKE LURE, NC 28746

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: SUSAN GIRARD

P

01/24/2009

Electronic Signature of Signing Officer or Director

Date