FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 AM 9:47

DOCUMENT # 765699 (4)

1. Corporation Name
THE INN ROOMS AT AMELIA CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 11/09/1982
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2267060 ☐ 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
AMELIA ISL PLANTATION
3000 FIRST COAST HIGHWAY
AMELIA ISL FL 32034

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	VD	XX Change ☐ Addition
NAME	SANTA MARIA, BERNIE	1.2 NAME	Griffin, AL	
STREET ADDRESS	1216 DUNWOODY KNOLL DR	1.3 STREET ADDRESS	200 Montgomery Ferry Dr. NE #26	
CITY-ST-ZIP	DUNWOODY GA	1.4 CITY-ST-ZIP	Atlanta, GA 30309	
TITLE	PD	2.1 TITLE	PD	XX Change ☐ Addition
NAME	HEITMAN, GEORGE	2.2 NAME	Harris, Grady W.	
STREET ADDRESS	26 SKYLINE DR.	2.3 STREET ADDRESS	1216 Lagoon Villas	
CITY-ST-ZIP	UPPER SADDLE RIVER NJ	2.4 CITY-ST-ZIP	Amelia Island, FL 32034	
TITLE		3.1 TITLE	STD	☐ Change XX Addition
NAME		3.2 NAME	Heitman, George	
STREET ADDRESS		3.3 STREET ADDRESS	26 Skyline Dr.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Upper Saddle River, NJ 07458	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
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: GW Harris 5/24/95 (904) 261-6887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021074