

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004397

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** EL AMENITIES MANAGEMENT CORPORATION

**Current Principal Place of Business:**

14700 VILLAGE SQUARE PLACE  
MIDLOTHIAN, VA 23112

**New Principal Place of Business:**

**Current Mailing Address:**

14700 VILLAGE SQUARE PLACE  
MIDLOTHIAN, VA 23112

**New Mailing Address:**

**FEI Number:** 26-3354491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARROWSMITH, ROGER S  
3973 EAGLE LANDING PARKWAY  
ORANGE PARK, FL 32065 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: FENCHUK, GARY W  
Address: 13704 BEECHWOOD POINT RD  
City-St-Zip: MIDLOTHIAN, VA 23112

Title: DVPS  
Name: PEARSON, KATHRYN H  
Address: 5304 BEECHWOOD POINTE CT  
City-St-Zip: MIDLOTHIAN, VA 23112

Title: DP  
Name: ARROWSMITH, ROGER S  
Address: 4800 LAKESHORE DR WEST  
City-St-Zip: ORANGE PARK, FL 32065

Title: AS  
Name: BADURA, CHRISTINE B  
Address: 14700 VILLAGE SQUARE PLACE  
City-St-Zip: MIDLOTHIAN, VA 23112

Title: AS  
Name: CARR, THOMAS E  
Address: 10304 PEBBLEBROOK PLACE  
City-St-Zip: RICHMOND, VA 23238

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROGER S. ARROWSMITH

DP

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date