

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90143 032 ****70.00

DOCUMENT # N00000000157					
1. Entity Name ISLE OF PALMS OF AMELIA HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 144 LONGPOINT DRIVE FERNANDINA BEACH, FL 32034			Mailing Address 144 LONGPOINT DRIVE FERNANDINA BEACH, FL 32034		
2. Principal Place of Business 1013 Isle of Palms		3. Mailing Address 1013 Isle of Palms			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FERNANDINA BEACH		City & State FERNANDINA BEACH		4. FEI Number NOT APPLICABLE	
Zip 32034		Country NASSAU		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROWAN, SHARON M 144 LONGPOINT DRIVE FERNANDINA BEACH, FL 32034					
7. Name and Address of New Registered Agent Name: <u>Roderick L. Briggs</u> Street Address (P.O. Box Number is Not Acceptable): <u>1013 Isle of Palms</u> City: <u>FERNANDINA BEACH</u> FL <u>32034</u>					
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: <u>Roderick L. Briggs</u> 3-24-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PSTD NAME ROWAN, SHARON M STREET ADDRESS 144 LONGPOINT DRIVE CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Roderick L. Briggs STREET ADDRESS 1013 Isle of Palms CITY-ST-ZIP FERNANDINA BEACH FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ROWAN, JON DERIC STREET ADDRESS 144 LONG POINT DR CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Rachel Sutton STREET ADDRESS 1024 Isle of Palms CITY-ST-ZIP FERNANDINA BEACH FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ROWAN, KRISTIN E STREET ADDRESS 144 LONG POINT DRIVE CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE STD NAME CLAUDETTE P DRUMMOND STREET ADDRESS 1029 Isle of Palms CITY-ST-ZIP FERNANDINA BEACH FL. 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PATRICIA ROGANSKI STREET ADDRESS 1014 Isle of Palms CITY-ST-ZIP FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete		TITLE D NAME Michael Mandrick STREET ADDRESS 1015 Isle of Palms CITY-ST-ZIP FERNANDINA BEACH FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MICHAEL MANDRICK STREET ADDRESS 1015 Isle of Palms CITY-ST-ZIP FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete		TITLE D NAME MICHAEL MANDRICK STREET ADDRESS 1015 Isle of Palms CITY-ST-ZIP FERNANDINA BEACH FL 32034	<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: <u>Roderick L. Briggs</u> 3-24-2006 909-491-8242 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					