

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

03-19-2007 90054 033 ****61.25

DOCUMENT # N00000000157					
1. Entity Name ISLE OF PALMS OF AMELIA HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 1013 ISLE OF PALMS FERNANDINA BEACH, FL 32034			Mailing Address 1013 ISLE OF PALMS FERNANDINA BEACH, FL 32034		
2. Principal Place of Business - No P.O. Box # 1029 Isle of Palms		3. Mailing Address 1029 Isle of Palms			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fernandina Beach FL		City & State Fernandina Beach FL		4. FEI Number NOT APPLICABLE	
Zip 32034		Country Nassau		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BRIGGS, RODERICK L 1013 ISLE OF PALMS FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent Name: <u>DRUMMOND, CLAUDETTE</u> Street Address (P.O. Box Number is Not Acceptable): <u>1029 Isle of Palms</u> City: <u>Fernandina Beach FL</u> Zip Code: <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>Claudette Drummond</u> <u>Sec/Treas</u> <u>3-12-07</u> <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, 2007		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 PD NAME BRIGGS, RODERICK STREET ADDRESS 1018 ISLE OF PALMS CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME SUTTON, RACHEL STREET ADDRESS 1024 ISLE OF PALMS CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME DRYMOND, CLAUDETTE STREET ADDRESS 1029 ISLE OF PALMS CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete		TITLE NAME DRUMMOND, CLAUDETTE STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ROGENSKI, PATRICIA STREET ADDRESS 1014 ISLE OF PALMS CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MANDRICK, MICHAEL STREET ADDRESS 1015 ISLE OF PALMS CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete		TITLE PD NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE D NAME Goble, BRAD STREET ADDRESS 1026 Isle of Palms CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Change <input checked="" 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>Claudette Drummond</u> <u>Sec/Treas</u> <u>3-12-07</u> <u>909321-0293</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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