2008 NOT-FOR-PROFIT CORPORATION

FILED Mar 26, 2008 8:00 am Secretary of State 03-26-2008 90022 001 ****61.25

AMIGAL REPORT	

DOCUMENT # N00000000157 1. Entity Name ISLE OF PALMS OF AMELIA HOMEOWNER'S



ASSOCIA	ATION, INC.								
Principal Place of Business 1024 ISLE OF PALMS FERNANDINA BEACH, FL 32034 Mailing Address 1024 ISLE OF PALMS FERNANDINA BEACH, FL 32034		FL 3203	4	-					
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address		<u> </u>					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	te, Apt. #, etc.		03102008	Chg-NP	CR2E037	(12/06)	
City & State		City & State	City & State		4. FEI Number			·	plied For
Zip	Country	Zip	Cou	ıntry	NOT APP		\$	8.75 Add	t Applicable
•			<u> </u>	,	5. Certificate of		Ŭ É€	e Require	
	8. Name and Address of Current	Registered Agent		Name	7. Name and A	idress of New Re	gistered Ag	ent	
	ND; CLAUDETTE OF PALMS			Street Address	(P.O. Box Number i	s Not Acceptable)	·		
	INA BEACH, FL 32034								
	•								
				City			FL	Zip Cod	9
	named entity submits this statement fi	or the purpose of changing its	register	ed office or registe	ered agent, or both,	in the State of Flori	da. I am far	miliar with,	and accept
:									
SIGNATURE			F 6				M.TF		
	Signature, typed or printed name of registered agen	Earlo tole if applicable. (NO)	E: negisticre	d Agent signature requin	eo wien lewezond)		DATE		
Filing Fee Is \$61.25 9. Election Campaign Fi Due by May 1, 2008 Trust Fund Contributi				\$5.00 May Be Added to Fees		ke check p la Departn			
10	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHAN	LIGES TO OFFICER:	S AND DIRE	CTORS IN	10
TITLE	D	☐ Detete	TITL]	Change	Addition
NAME GOBLE, BRAD STREET ADDRESS 1026 ISLE OF PALMS			NAM STRE	EET ADORESS					
CITY-ST-ZIP	FERNANDINA BEACH, FL 320	34		-ST-ZIP					
TITLE	VPD	☐ Delete	TITL	E		·	[Change	Addition
NAME STREET ADDRESS	SUTTON, RACHEL 1024 ISLE OF PALMS		NAM	ie Eet address	•				
CITY-ST-ZIP	FERNANDINA BEACH, FL 320	34		-ST-ZIP					
TITLE	STD	☐ Celete	TITL	E			[Change	☐ Addition
NAME	DRUMOND, CLAUDETTE		NAM						
STREET ADDRESS CITY-ST-ZIP	1029 ISLE OF PALMS FERNANDINA BEACH, FL 320	34		EET ADDRESS '-ST-ZIP					
TITLE	D	☐ Delete	TITL	E			{	Change	Addition
NAME	ROGENSKI, PATRICIA		NAM	E					
STREET ADDRESS CITY-ST-ZIP	1014 ISLE OF PALMS FERNANDINA BEACH, FL 320	34		EET ADDRESS '-ST-ZIP	•				
TITLE ,	PD	☐ Delete	TITLE	E				Change	☐ Addition
NAME	MANDRICK, MICHAEL		NAM						
STREET ADDRESS CITY-ST-ZIP	1015 ISLE OF PALMS FERNANDINA BEACH, FL 320	34		EET ADORESS (-ST-ZIP					
TITLE		☐ Delete	tmu					Change	Addition
NAME			NAM	4				•	
STREET ADDRESS CITY-ST-ZIP	, and a second s			EET ADORESS (-ST-ZIP		•			
	I certify that the information supplied wit	th this filing does not qualify for			ed in Chapter 119, F	Torida Statutes. I fu	urther certify	that the in	formation

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 eath; 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.

**Thinks of Management and Analysis an

SIG	N	ATI	IR	E.

IG OFFICER OR DIRECTOR

Date

0 6 4 - 321- \$623 Daytime Phone #