

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000157

FILED
Mar 21, 2009
Secretary of State

Entity Name: ISLE OF PALMS OF AMELIA HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1024 ISLE OF PALMS
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

1024 ISLE OF PALMS
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 01-0888957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRUMMOND, CLAUDETTE
1029 ISLE OF PALMS
FERNANDINA BEACH, FL 32034 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: D () Delete
Name: GOBLE, BRAD
Address: 1026 ISLE OF PALMS
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VPD () Delete
Name: SUTTON, RACHEL
Address: 1024 ISLE OF PALMS
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: STD () Delete
Name: DRUMMOND, CLAUDETTE
Address: 1029 ISLE OF PALMS
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: ROGENSKI, PATRICIA
Address: 1014 ISLE OF PALMS
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: PD () Delete
Name: MANDRICK, MICHAEL
Address: 1015 ISLE OF PALMS
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MANDRICK

PRES

03/21/2009

Electronic Signature of Signing Officer or Director

Date