

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2006 8:00 am**  
**Secretary of State**

08-25-2006 90002 044 \*\*\*\*61.25

**DOCUMENT # N00000002361**

1. Entity Name  
**THE AMELIA ISLAND CONCOURS D'ELEGANCE  
FOUNDATION, INC.**



Principal Place of Business  
**2970 MERCURY ROAD  
JACKSONVILLE, FL 32207**

Mailing Address  
**2970 MERCURY ROAD  
JACKSONVILLE, FL 32207**

**50026257**

2. Principal Place of Business  
**3035 Powers Avenue**

3. Mailing Address  
**3035 Powers Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite #3**

**Suite #3**

City & State

City & State

**Jacksonville, FL**

**Jacksonville, FL**

Zip

Country

Zip

Country

**32207**

**USA**

**32207**

**USA**

08182006

Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-3643911**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MORGAN, ROBERT M ESQ.  
10110 SAN JOSE BLVD.  
JACKSONVILLE, FL 32257**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☐ Delete  
NAME WARNER, WILLIAM C  
STREET ADDRESS 2970 MERCURY ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME DROLSOM, GEORGE  
STREET ADDRESS 14101 MANDARIN ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME LEEDY, DAVID B  
STREET ADDRESS 3101 SOUTHERN HILLS CIRCLE WEST  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME PORTNOY, JAY R  
STREET ADDRESS 9283 SAN JOSE BLVD, SUITE 101  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME GRIFFITH, JACK  
STREET ADDRESS 10754 SCOTT MILL ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE D ☐ Change ☒ Addition  
NAME N. Mark Becker  
STREET ADDRESS 3035 Powers Avenue  
CITY-ST-ZIP Jacksonville, FL 32207

TITLE D ☐ Delete  
NAME DUSS, JOHN  
STREET ADDRESS 10110 SAN JOSE BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/17/06** **904 731-8005**  
Daytime Phone #



PORTNOY, SHAINBROWN & Co. CPA's, P.A.

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

ATTACHMENT

50026257  
#N00000002361

August 18, 2006

Florida Department of Revenue  
5050 W. Tennessee Street  
Tallahassee, FL 32399-0120

RE: The Amelia Island Concours D'Elegance Foundation, Inc.

To Whom It May Concern:

Please accept the enclosed check in the amount of \$61.25 on behalf of our above referenced client representing payment for the Notice of Intent To Dissolve.

Thank you for your help in this matter.

Very truly yours,



Jay R. Portnoy, c.p.a.

JRP/jcb  
Enclosure

CC: Chris Hoyt