



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90050 012 ****61.25

DOCUMENT # N00000003669					
1. Entity Name AMELIA LAKE, INC.					
Principal Place of Business 7200 DAVIS BOULEVARD NAPLES, FL 34104			Mailing Address 7200 DAVIS BOULEVARD NAPLES, FL 34104		
2. Principal Place of Business SUPERIOR MANAGEMENT		3. Mailing Address 8306 LAUREL LAKEWAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NAPLES, FL		City & State NAPLES, FL		01212006 Chg-NP CR2E037 (11/05)	
Zip 34119		Country U.S.A.		4. FEI Number 65-1016457	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, DOUGLAS A 1000 TAMiami TRAIL NORTH SUITE 201 NAPLES, FL 34102			7. Name and Address of New Registered Agent Name SUPERIOR MGMT / GIENOA KOCH Street Address (P.O. Box Number is Not Acceptable) 8306 LAUREL LAKEWAY NAPLES City FL Zip Code 34119		
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 <i>Glenda Koch</i>		(NOTE: Registered Agent signature required when reinstating)		DATE 1/30/06	
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 NAME STREET ADDRESS CITY-ST-ZIP	PD OSTERHOUDT, BRUCE 7200 DAVIS BLVD NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR MEYER, KEN 2365 BAYOU LANE #2 NAPLES, FL 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHUTE, JOAN 2375 BAYOU LANE #1 NAPLES, FL 34112 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, WILLIAM 7200 DAVIS BLVD NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JAMES, RAY 2415 BAYOU LANE #7 NAPLES, FL 34112 <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, KEN 2365 BAYOU LANE #2 NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Glenda Koch</i>		DATE: 1/30/06		DAYTIME PHONE #: 239-653-9040	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	