


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90019 016 \*\*\*\*61.25

**DOCUMENT # N00000003669**

1. Entity Name  
**AMELIA LAKE, INC.**



Principal Place of Business  
**SUPERIOR MANAGEMENT  
 NAPLES, FL 34119**

Mailing Address  
**8306 LAUREL LAKEWAY  
 NAPLES, FL 34119**



2. Principal Place of Business - No P.O. Box #  
**C & L MANAGEMENT**

3. Mailing Address  
**2220 J + C BLVD.  
 SUITE 1**

02082008 Chg-NP CR2E037 (12/06)

City & State  
**NAPLES, FL**

City & State  
**NAPLES, FL**

4. FEI Number  
**65-1016457**

Applied For  
 Not Applicable

Zip  
**34109**

Country

Zip  
**34109**

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HARGIE, MICHAEL S  
 8306 LAUREL LAKEWAY  
 NAPLES, FL 34119**

7. Name and Address of New Registered Agent

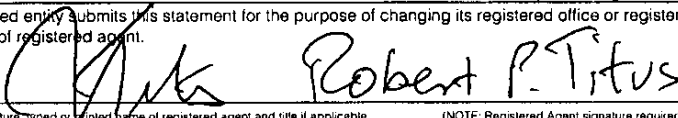
Name  
**ROBERT P. TITUS**

Street Address (P.O. Box Number is Not Acceptable)  
**2220 J + C BLVD.  
 SUITE 1**

City  
**NAPLES**

Zip Code  
**FL 34109**

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  **Robert P. Titus** DATE **2/13/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELSITO, GENE 2380 BAYOU LANE #1 NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES, RAYMOND 2415 BAYOU LANE #7 NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHUTE, JOAN 2395 BAYOU LANE #1 NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KEN MEYER 2365 BAYOU LN. #2 NAPLES, FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT THOMAS A. SKONIE 2375 BAYOU LN. #4 NAPLES, FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOAN SHUTE 2395 BAYOU LN. #1 NAPLES, FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER NEAL STONE 2390 BAYOU LN. #12 NAPLES, FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GIORGIO COTUGNO 2400 BAYOU LN. #2 NAPLES, FL 34112	<input type="checkbox"/> Change <input checked="" 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:  **Robert Titus** DATE **2/13/08** DAYTIME PHONE # **(239) 596-1886**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR