

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90044 032 ****61.25

DOCUMENT # N00779 1. Entity Name AMELIA RETREAT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY. AMELIA ISLAND, FL 32034			Mailing Address AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY. AMELIA ISLAND, FL 32034		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2099354	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREGORY, DAVID AMELIA ISLAND MGMT. 3000 FIRST COAST HWY. AMELIA ISLAND, FL 32034				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	VSD HILL, JAMES 8030 FIRST COAST HWY UNIT 6A AMELIA ISLAND, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRUE, TIMOTHY 8030 FIRST COAST HWY, UNIT#11C AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, ROBERT 8030 FIRST COAST HWY UNIT 1C AMELIA ISLAND, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD HOBART, RICHARD 8030 FIRST COAST HWY #12C FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODALL, ORSON P.O. BOX 3335 VALDOSTA, GA 31604	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, JAYNE 6439 WOOD VALLEY RD., #9-C JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, JAYNE 6439 WOOD VALLEY RD., #9-C JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete			
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					
Date: 3/9/07					
Daytime Phone #: 513 702 3983					

ATTACHMENT
40064519

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AMELIA RETREAT CONDOMINIUM ASSOCIATION, INC.

DOCUMENT # N00779

Addition:

STD
Acree, Russell
P. O. Box 1746
Fernandina Beach, FL 32035

D
Houk, Dorothy
8030 First Coast Highway, Unit 4C
Amelia Island, FL 32034