2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2012
Secretary of State

DOCUMENT# N00779

Entity Name: AMELIA RETREAT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5440 FIRST COAST HWY.
AMELIA ISLAND, FL 32035

New Principal Place of Business:

Current Mailing Address:

C/O AMELIA ISLAND MANAGEMENT
PO BOX 3000
AMELIA ISLAND, FL 32035

New Mailing Address:

FEI Number: 59-2099354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUIR, ROBERT C III
5440 FIRST COAST HWY.
AMELIA ISLAND, 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: PD
Name: TRUE, TIMOTHY(CRAIG)
Address: PO BOX 3000
City-St-Zip: AMELIA ISLAND, FL 32035

Title: VD
Name: WOODALL, ORSON
Address: PO BOX 3000
City-St-Zip: AMELIA ISLAND, FL 32035

Title: SD
Name: HOUK, DOROTHY
Address: PO BOX 3000
City-St-Zip: AMELIA ISLAND, FL 32035

Title: D
Name: HOBART, RICHARD
Address: PO BOX 3000
City-St-Zip: AMELIA ISLAND, FL 32035

Title: D
Name: APPEL, ARTHUR
Address: PO BOX 3000
City-St-Zip: AMELIA ISLAND, FL 32035

Title: D
Name: KRULL, JOAN
Address: PO BOX 3000
City-St-Zip: AMELIA ISLAND, FL 32035

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY TRUE PD 02/23/2012
Electronic Signature of Signing Officer or Director Date