

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90011 026 ****61.25

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|---|---|--|---|---------------------------------------|--|
| DOCUMENT # N01000000368 | | | | | |
| 1. Entity Name ADMIRALS INLET PROPERTY OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business P.O. BOX 9537 FLEMING ISLAND, FL 32006 | | | Mailing Address P.O. BOX 9537 FLEMING ISLAND, FL 32006 | | |
| 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 04-3699537 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KNIGHT, JAMES A 2149 BLUE HERON COVE DRIVE ORANGE PARK, FL 32003 | | | 7. Name and Address of New Registered Agent Name: Dawn L. Bryce Street Address (P.O. Box Number is Not Acceptable): 2144 Blue Heron Cove Drive City: Orange Park FL Zip Code: 32003 | | |
| 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, the registered agent. | | | | | |
| SIGNATURE: | | Dawn L. Bryce - President | | 3-5-07 | |
| 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 | DP KNIGHT, JAMES A 2149 BLUE HERON COVE DRIVE ORANGE PARK, FL 32003 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DTS THEILACKER, CHRISTINE A 2134 BLUE HERON COVE DRIVE ORANGE PARK, FL 32003 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV SHUPTRINE, HUBERT A 2121 BLUE HERON COVE DRIVE ORANGE PARK, FL 32003 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KEEFER, JUSTINE J 2095 BLUE HERON COVE DRIVE ORANGE PARK, FL 32003 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALKER, SHERRY L 1358 OAKLANDING LANE ORANGE PARK, FL 32003 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Dawn L. Bryce 2144 Blue Heron Cove Drive Orange Park FL 32003 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Janet L. Tellier 2145 Blue Heron Cove Drive Orange Park FL 32003 | <input type="checkbox"/> Change <input checked="" 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: Dawn L. Bryce 3/5/07 904-215-3755 | | | | | |