

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000368

FILED
Apr 10, 2008
Secretary of State

Entity Name: ADMIRALS INLET PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 9537
FLEMING ISLAND, FL 32006

New Principal Place of Business:

4213 COUNTY ROAD 218
1
MIDDLEBURG, FL 32068

Current Mailing Address:

P.O. BOX 9537
FLEMING ISLAND, FL 32006

New Mailing Address:

4213 COUNTY ROAD 218
1
MIDDLEBURG, FL 32068

FEI Number: 04-3699537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYCE, DAWN L
2144 BLUE HERON COVE DRIVE
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

DELCOMYN, VINA
4213 COUNTY ROAD 218
1
MIDDLEBURG, FL 32068 US

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: VINA DELCOMYN

04/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KNIGHT, JAMES A
Address: 2149 BLUE HERON COVE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: TELLIER, JANET L
Address: 2145 BLUE HERON COVE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: DV () Delete
Name: SHUPTRINE, HUBERT A
Address: 2121 BLUE HERON COVE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: DTS () Delete
Name: KEEFER, JUSTINE J
Address: 2095 BLUE HERON COVE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: DP () Delete
Name: BRYCE, DAWN L
Address: 2144 BLUE HERON COVE DR
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAWN BRYCE

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date