2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002026

Apr 23, 2007 Secretary of State

Entity Name: AMALFI COAST RESORT CONDOMINIUM OWNERS ASSOCATION, INC.

Current Principal Place of Business: New Principal Place of Business:

778 SCENIC GULF DRIVE #D429

MIRAMAR BEACH, FL 32550

New Mailing Address: Current Mailing Address:

778 SCENIC GULF DRIVE #D429 MIRAMAR BEACH, FL 32550

FEI Number: 59-3725635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GORMLEY, TERRY P 215 GRAND BLVD SUITE 200

MIRAMAR BEACH, FL 32550 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete HARWELL, ALLEN Name: 670 MABLE LAKE ROAD Address:

City-St-Zip: CUMMING, GA 30041 US

Title: () Delete ZIMMERMAN, ROBERT Name: Address: N2747 BROWNE LANE City-St-Zip: WAUPACA, WI 54981 US

Title: DST () Delete HALEY, ROBERT Name: Address: 338 NEAL HOWELL ROAD City-St-Zip: BOWLING GREEN, KY 42104

Title: D () Delete Name: DUKE, EDDIE

606 MADDOX RD Address: City-St-Zip: GRIFFIN, GA 30224 US

Title: () Delete MIDGETT, TIM Name:

2868 STACY LN Address: City-St-Zip: CLARKSVILLE, TN 37043 US (X) Change () Addition

HALEY, BOB Name:

Address: 338 NEAL HOWELL RD

City-St-Zip: BOWLING GREEN, KY 42104 US

Title: DV (X) Change () Addition

Name: DUKE, EDDIE Address: 606 MADDOX RD City-St-Zip: GRIFFIN, GA 30224 US

Title: DST (X) Change () Addition

MIDGETT, TIM Name:

778 SCENIC GULF DR; UNIT 124-D Address: City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D (X) Change () Addition

Name: HARWELL, AL Address: 670 MABLE LAKE RD City-St-Zip: CUMMING, GA 30041 US

Title: (X) Change () Addition

ZIMMERMAN, ROBERT Name: N2747 BROWNE LN Address: City-St-Zip: WAUPACA, WI 54981 US

I hereby certify that the information supplied with this filing does not qualify for the 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: TIM MIDGETT SEC 04/23/2007