2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/1

FILED
Jul 21, 2008 8:00 am
Secretary of State
05-01-2008 90180 042 ****61.25

DOCUMENT # N01000002026

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

66015481

Principal Place of Business	Mailing Address
778 SCENIC GULF DRIVE #D429 MIRAMAR BEACH, FL 32550	778 SCENIC GULF DRIVE #D429 MIRAMAR BEACH, FL 32550

03252008 Chg-NP CR2E037 (12/08)

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 59-3725635 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GORMLEY, TERRY P 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550	Name: RAYMOND F. NEWMAN, JR. Street Address (P.O. Box Number is Not Acceptable): 338 Miracle Strip Pkwy SW Paradise Village Suite 7 City: Ft Walton Bch FL Zip Code: 32548

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.

SIGNATURE: _____ RAYMOND F. NEWMAN, JR. 4-10-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 HALEY, BOB 338 NEAL HOWELL RD BOWLING GREEN, KY 42104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV D DUKE, EDDIE 606 MADDOX RD GRIFFIN, GA 30224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MIDGETT, TIM 778 SCENIC GULF DR; UNIT 124-D MIRAMAR BEACH, FL 32550	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARWELL, AL 670 MABLE LAKE RD CUMMING, GA 30041	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ZIMMERMAN, ROBERT N2747 BROWNE LN WAUPACA, WI 54981	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST Mullins, James 5525 Wedgwood Ct. Lilburn, GA 30047	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #