

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002026

FILED
Feb 14, 2009
Secretary of State

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

Current Principal Place of Business:

778 SCENIC GULF DRIVE
#D429
MIRAMAR BEACH, FL 32550

New Principal Place of Business:

Current Mailing Address:

778 SCENIC GULF DRIVE
#D429
MIRAMAR BEACH, FL 32550

New Mailing Address:

FEI Number: 59-3725635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, RAYMOND F JR
348 MIRACLE STRIP PKWY SW SUITE 7
FORT WALTON BEACH, FL 32548 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: DP () Delete
Name: HALEY, BOB
Address: 338 NEAL HOWELL RD
City-St-Zip: BOWLING GREEN, KY 42104 US

Title: D () Delete
Name: DUKE, EDDIE
Address: 606 MADDOX RD
City-St-Zip: GRIFFIN, GA 30224 US

Title: D () Delete
Name: HARWELL, AL
Address: 670 MABLE LAKE RD
City-St-Zip: CUMMING, GA 30041 US

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

Title: DST () Delete
Name: MULLINS, JAMES
Address: 5525 WEDGEWOOD CT
City-St-Zip: LILBURN, GA 30047

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ZIMMERMAN, BOB
Address: 2747 BROWNE LANE
City-St-Zip: WAUPACA, WI 54981 US

Title: DST (X) Change () Addition
Name: HARWELL, AL
Address: 670 MABLE LAKE RD
City-St-Zip: CUMMING, GA 30041 US

Title: D (X) Change () Addition
Name: HARWELL, BOB
Address: 338 NEAL HOWELL RD
City-St-Zip: BOWLING GREEN, KY 42104 US

Title: DV (X) Change () Addition
Name: DUKE, EDWARD
Address: 606 MADDOX RD
City-St-Zip: GRIFFIN, GA 30224 US

Title: D (X) Change () Addition
Name: MULLINS, JAMES
Address: 5525 WEDGEWOOD CT
City-St-Zip: LILBURN, GA 30047

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: BOB ZIMMERMAN

DP

02/14/2009

Electronic Signature of Signing Officer or Director

Date