

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007637

FILED
Feb 13, 2008
Secretary of State

Entity Name: AMELIA VIEW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

ONE SAN JOSE PLACE
SUITE 27
JACKSONVILLE, FL 32257

Current Mailing Address:

920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266

New Mailing Address:

PO BOX 57911
JACKSONVILLE, FL 32241

FEI Number: 59-3752769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, L DENISE
920 THIRD STREET STE B
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

STAZAC MANAGEMENT, INC.
ONE SAN JOSE PLACE
SUITE 27
JACKSONVILLE, FL 32257 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: LAUREN CARR

02/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRAREN, MICHAEL E
Address: 4315 PABLO OAKS CT., STE. 1
City-St-Zip: JACKSONVILLE, FL 32224

Title: VTD () Delete
Name: FREDENHAGEN, SHARON W
Address: 4315 PABLO OAKS CT., STE. 1
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD () Delete
Name: HARDIN, JENNIFER L
Address: 4315 PABLO OAKS COURT, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEFEVRE, RANDE
Address: 14740 NASSAU SOUND DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: VTD (X) Change () Addition
Name: WATZLAWICK, SCOTT
Address: 14708 AMELIA VIEW DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: SD (X) Change () Addition
Name: REYNOLDS, GARY
Address: 3094 SUNSET LANDING DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

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: LAUREN CARR

MGR

02/13/2008

Electronic Signature of Signing Officer or Director

Date