

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007637

FILED  
Jun 16, 2009  
Secretary of State

**Entity Name:** AMELIA VIEW HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

ONE SAN JOSE PLACE  
SUITE 27  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 57911  
JACKSONVILLE, FL 32241

**New Mailing Address:**

**FEI Number:** 59-3752769      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ROSENER, MARK  
Address: 3044 PRESERVE LANDING DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

Title: VTD (X) Change ( ) Addition  
Name: BURNETT, NANCY  
Address: 3069 SUNSET LANDING DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

Title: SD (X) Change ( ) Addition  
Name: VASQUEZ, JUDY  
Address: 2816 EGRET WALK TERRACE  
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

06/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date