2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N02000005027

1. Entity Name GATEWAY TO AMELIA OWNERS ASSOCIATION, INC.



FILED

Mar 16, 2007 8:00 am Secretary of State 03-16-2007 90039 022 ****61.25

| Marriar RIAM MANAGEMENT P.O. 803 3000 AMELIA SIAND, FL 32035 | | | | | | | | | | | | | |
|--|--|-----------------------|-----------------------|----------------------|-------------|------|--|----------|--|---------------|---------------------------|---|------------|
| 2. Principal Pluce of Business - No P.O. Box # 3. Majing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Q099207 Chg.NP CR2E037 (12/06) City & State City & State City & State Applied For Not Applied For | AMELIA ISLAND MANAGEMENT 3000 First Coast Hwy | | | P.O. BOX 3000 | | | | 20007679 | | | | | |
| Suite, Apt. 4, etc. | | | | | | | | | | | | | |
| City & State | 2. () () | | G. Mai | d. Maining / Islands | | | | | | ! E6 | im Bene lieji i da | | |
| Zip | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 02092007 | Chg-NP | CR2E03 | 37 (12/06) | |
| SEREADORS: SOME and Address of Current Registered Agent File Requirement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of re | City & State | € | | City & State | | | | | 4. FEI Number 30-0171 | 567 | | _ | · |
| Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable (P.O. Box | Zip Country | | | Zìp Coun | | | intry | | 5. Cartificate of Status Paginal \$8.75 Additional | | | | |
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| Singer Address (P. O. Box Number is Not Acceptable) City FL Zip Code City FL Zip C | CRECORY | / DAVID (| 9 | | | | Name | | | | | | l |
| E. 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 Signature, typed or printed name of registered agent agent and time if applicable. (MOTE Peoplated Agent agreement agent are required when retinately agent agent and accept the obligations of registered agent. Filling Fee is \$61.25 | 3000 FIRST COAST HWY | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| SIGNATURE Signature, Typed or profiled reme of tragistered agent and site if applicable. (NOTE: Registered Agent Bignature required when reliabiliting) DATE | | | | | | | City | | | <u>-</u> | FL | Zip Code | e |
| Signature, hoped to primad rules of registered agent and site it applicable. NATE Peoples Agent agent and sever agent agent and sever agent agent and sever agent ag | | | | | | | | | | | | | |
| Due by May 1, 2007 Trust Fund Corribution. Added to Fees Florida Department of State | | | | | | | | | | | | | |
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I hereby certify that the information supplied with this filling 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 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.

GNATURE:

| SIGNATURE AND TYPED GYPRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Proce |

SIGNATURE: _