


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90038 001 ****61.25

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



Principal Place of Business
 AMELIA ISLAND MANAGEMENT
 3000 FIRST COAST HWY
 AMELIA ISLAND, FL 32034

Mailing Address
 P.O. BOX 3000
 AMELIA ISLAND, FL 32035

2. Principal Place of Business - No P.O. Box #
 Amelia Island Mgmnt
 Suite, Apt. #, etc.
 3000 First Coast Hwy

3. Mailing Address
 Amelia Island Mgmnt
 Suite, Apt. #, etc.
 3000 First Coast Hwy

City & State
 Amelia Island, FL

City & State
 Amelia Island, FL

Zip
 32034

Country

Zip
 32034

Country



01142008 Chg-NP CR2E037 (12/06)

4. FEI Number
 30-0171567

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GREGORY, DAVID B
 3000 FIRST COAST HWY
 AMELIA ISLAND, FL 32034

7. Name and Address of New Registered Agent

Name
 Jack B. Healan, Jr.

Street Address (P.O. Box Number is Not Acceptable)
 3000 First Coast Hwy

City
 Amelia Island, FL

Zip Code
 32034

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 Jack B. Healan, Jr. *Jack B. Healan, Jr.* 3/11/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PTD	FLICK, RON V	91687 GATEWAY BLVD STE 201M	FERNANDINA BCH, FL 32034	<input checked="" type="checkbox"/>
SD	SHUSTER, AMY	961687 GATEWAY BLDG STE 201M	FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/>
VD	BARTA, JIM	482 CEDAR WALK	SAINT SIMONS ISLAND, GA 31522	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SEE ATTACHED PAGE				
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: *Shirley A. Director* 3/27/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

