

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005027

FILED  
Jan 24, 2009  
Secretary of State

Entity Name: GATEWAY TO AMELIA OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

AMELIA ISLAND MANAGEMENT  
3000 FIRST COAST HWY  
AMELIA ISLAND, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

AMELIA ISLAND MANAGEMENT  
3000 FIRST COAST HWY  
AMELIA ISLAND, FL 32034

**New Mailing Address:**

FEI Number: 30-0171567      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HEALAN, JACK B JR  
3000 FIRST COAST HWY  
AMELIA ISLAND, FL 32034      US

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

MUIR, ROBERT C III  
AMELIA ISLAND MANAGEMENT  
3000 FIRST COAST HIGHWAY  
AMELIA ISLAND, FL 32034 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: ROBERT C. MUIR, III      01/24/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P/D      ( ) Delete  
Name: MCKAY, BARKSDALE  
Address: PO BOX 15039  
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: VP/D      ( ) Delete  
Name: MAYO, JIM L  
Address: 1250 SOUTH 18TH STREET  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: STD      ( ) Delete  
Name: PULICE, JOHN  
Address: 961687 GATEWAY BLVD, STE. 101A  
City-St-Zip: FERNANDINA BEACH, FL 32034

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARKSDALE MCKAY      P      01/24/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date