


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90017 024 \*\*\*\*61.25

<b>DOCUMENT # N02000005065</b> 1. Entity Name <b>VILLAGE CENTER AT GATEWAY TO AMELIA CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business 463499 SR 200 YULEE, FL 32097		Mailing Address P.O. BOX 1987 YULEE, FL 32041-1987	
2. Principal Place of Business <b>Amelia Island Mgmt</b>		3. Mailing Address <b>Amelia Island Mgmt</b>	
Suite, Apt. #, etc. <b>3000 First Coast HWY</b>		Suite, Apt. #, etc. <b>P.O. Box 3000</b>	
City & State <b>Amelia Island, FL</b>		City & State <b>Amelia Island, FL</b>	
Zip <b>32034</b>		Zip <b>32035</b>	
Country		Country	
4. FEI Number <b>41-2080497</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GREGORY, DAVID B % AMELIA ISLAND MANAGEMENT 3000 1ST COAST HIGHWAY AMELIA ISLAND, FL 32034</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYO, JIM 961687 GATEWAY BLVD., SUITE 101K FERNANDINA BCH, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRAVEN, SONJA 961687 GATEWAY BLVD., SUITE 101B FERNANDINA BCH, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LORENTSON LOVENSTON-AL 961687 GATEWAY BLVD., SUITE 101C1 FERNANDINA BCH, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAWECKI, GERALD J 961687 GATEWAY BLVD, SUITE 201E FERNANDINA BEACH, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Flick, Ron 961687 Gateway Blvd Suite 201M Fernandina Beach, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pullice John 961687 Gateway Blvd Suite 101A Fernandina Beach, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b> <i>Jim Mayo</i> <b>Jim MAYO</b>		<b>3-2-05 904-277-6756</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

# ATTACHMENT

40041777  
# NO2000005065

VILLAGE CENTER AT GATEWAY TO AMELIA CONDOMINIUM  
ASSOCIATION, INC.

Charlie Monroe  
961687 Gateway Blvd. Suite 101E  
Amelia Island, FL 32034