

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90081 028 \*\*\*\*61.25

<b>DOCUMENT # N04000001188</b> 1. Entity Name PORT OF CALL AMELIA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2999 SOUTH FLETCHER AVE UNIT 101 FERNANDINA BEACH, FL 32034				Mailing Address 2999 SOUTH FLETCHER AVE UNIT 101 FERNANDINA BEACH, FL 32034	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1397 HARRISON PT. TRAIL Suite, Apt. #, etc. FERNANDINA BEACH, FL			
Suite, Apt. #, etc.		City & State City: FERNANDINA BEACH, FL			
City & State		4. FEI Number 20-2206393		Applied For Not Applicable	
Zip 32034		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  TOMASSETTI, A. JEFFREY 406 ASH ST FERNANDINA BEACH, FL 32034				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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	P WALSH, RICHARD 1048 SOUTH FLETCHER FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY	VP DANOURAND, RONALD 2565 ROBERT OLIVER AVE FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY	T MILLER, MATT 1047 HARRISON PT TRAIL FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY	S MULLER, STEVEN 2997 S. FLETCHER AVE UNIT 202 FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY	S CATHY VARELA 1883 PERIMETER PARK FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY	[Empty]	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>Matthew T. Miller</u>		<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		MATTHEW T. MILLER	
Date		1/17/07		904-277-5606	
Daytime Phone #					