2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0400001188



Feb 14, 2008 8:00 am

1. Entity Nar	F CALL AMELIA CONDOMI		DN,				2-14-2008 9	-		
2999 SOUTI	ce of Business H FLETCHER AVE UNIT 101 A BEACH, FL 32034	Mailing Address 1397 HARRISON PT. FERNANDINA BEACH,		34		11111116111111111	88811 88113 68 132 88	1 60 43 00 800	21 8 3 1 118 31 18 18 18	NID a l 2 1 (48)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02112008 _C	hg-NP	CR2E	037 (12/06)	
. City & State		City & State			4. FEI Number 20-2206393		3		├i	on led For of Aug. Caple
Zip	Country	Zip	Cou	untry		5. Certificate of St			\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent		Magno		7. Name and Add	ress of New I	Registered	l Agent	
406 ASH 9	ETTI, A. JEFFREY ST DINA BEACH, FL 32034			Name Street Ad	ddress (P.	O. Box Number is	Not Acceptable	le)		
				City				FI	Z p Ced	le
8. The above the obliga	e named entity submits this statement for tions of registered agent.	r the purpose of changing it	ts registere	ed office or	registered	d agent, or both, in	the State of Fi		_	and accept
SIGNATURE										
O CONTROLL	Signature, typed or printed name of registered agent	and title if applicable. (NO)1F; Registered	ed Agent signatur	ne tednited w	hen reinstatiligi	·····	to=1:		
		9. Election Ca Trust Fund	ampaign Fi	inancing		hen reinstating. 55.00 May Be added to Fees		Make ched	ck payable t	
10.	Signature, typed or printed name of registered agent Filling Fee is \$61.25	9. Election Ca Trust Fund	ampaign Fi	inancing		55.00 May Be	Flo	Make ched rida Depa	rtment of S	tate
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Ca Trust Fund RECTORS	ampaign F I Contributi 11. TITLE NAME STREE	inancing ion.		55.00 May Be	Flo	Make ched rida Depa	rtment of S	tate
10. TITLE NAME STREET ADDRESS	Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF P WALSH, RICHARD 1048 SOUTH FLETCHER	9. Election Ca Trust Fund RECTORS Delete	ampaign Fi Contributi 11. HITLE NAME STREE CITY- HITLE NAME STREE	E E E E E E E E E E E E E E E E E E E		55.00 May Be	Flo	Make ched rida Depa	IRECTORS IN	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF P WALSH, RICHARD 1048 SOUTH FLETCHER FERNANDINA BEACH, FL 3203 VP DANOURAND, RONALD 2565 ROBERT OLIVER AVE	9. Election Ca Trust Fund RECTORS Delete 4 Delete	ampaign Fi Contributi 11. 11TLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	E E E E E E E E E E E E E E E E E E E	AD A	55.00 May Be	FIO OFFICE	Make chec rida Depa ERS AND D	DIRECTORS (A DIREC	tate 1.10 Agoston
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF WALSH, RICHARD 1048 SOUTH FLETCHER FERNANDINA BEACH, FL 3203 VP DANOURAND, RONALD 2565 ROBERT OLIVER AVE FERNANDINA BEACH, FL 3203 T MILLER, MATT 1047 HARRISON PT TRAIL	9. Election Ca Trust Fund RECTORS Delete 4 Delete 4	ampaign Fi Contributi 11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	E E E E E E E E E E E E E E E E E E E	AD A	SEW MFLL	FIO OFFICE	Make chec rida Depa ERS AND D	DIRECTORS (A DIREC	1 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF WALSH, RICHARD 1048 SOUTH FLETCHER FERNANDINA BEACH, FL 3203 VP DANOURAND, RONALD 2565 ROBERT OLIVER AVE FERNANDINA BEACH, FL 3203 T MILLER, MATT 1047 HARRISON PT TRAIL FERNANDINA BEACH, FL 3203 S VARELA, CATHY 1883 PERIMETER PARK	9. Election Ca Trust Fund RECTORS Delete 4 Delete 4	ampaign Fi Contributi 111. TITLE NAME STREE CITY-	E E E E E E E E E E E E E E E E E E E	AD A	SEW MFLL	FIO OFFICE	Make chec rida Depa ERS AND D	Transport of Signature of Signa	tate 1 10 Addition Addition

12. Thereby 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 Biochamber 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4

MULLA MATT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTHEW MILLAR