## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000212

FILED May 03, 2006 Secretary of State

Entity Name: SCHOONER LANDING OF AMELIA ISLAND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

111 LINDSEY ISLAND RD., DARK ISLAND 463499 SR 200 PERRY, FL 32348 YULEE, FL 32097

Current Mailing Address: New Mailing Address:

111 LINDSEY ISLAND RD., DARK ISLAND P O BOX 1987

PERRY, FL 32348 YULEE, FL 320411987

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CASEY, DEBBIE C PROPERTY MANAGEMENT SYSTEMS, INC

111 LINDSEY ISLAND RD., DARK ISLAND 463499 SR 200

PERRY, FL 32348 US YULEE, FL 32097 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: TERRELL J POWELL 05/03/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D ( ) Delete Title: PD (X) Change ( ) Addition

Name: CASEY, DEBBIE C Name: HEARTSFIELD, BRUCE
Address: 111 LINDSEY ISLAND RD., DARK ISLAND Address: 2103 SAFE HARBOUR LANE

City-St-Zip: PERRY, FL 32348 City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ( ) Delete Title: PT ( ) Change (X) Addition

Name: HEARTSFIELD, ELAINE
Address: Address: 2103 SAFE HARBOUR LANE
City-St-Zip: City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE HEARTSFIELD PD 05/03/2006