

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000005624

1. Entity Name
OCEAN VIEW VILLAS OF AMELIA CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
406 ASH STREET
FERNANDINA BEACH, FL 32034

Mailing Address
406 ASH STREET
FERNANDINA BEACH, FL 32034

2. Principal Place of Business
463499 State Rd 200
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1987
Suite, Apt. #, etc.

City & State
Yulee FL

City & State
Yulee FL

Zip
32097

Country
US

Zip
32041

Country
US

6. Name and Address of Current Registered Agent

TOMASSETTI, A JEFFREY ESQ
406 ASH STREET
FERNANDINA BEACH, FL 32034

FILED
07 JAN -2 AM 10:42

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



12282006 REIN-NP CR2E099 (11/05) 06

4. FEI Number
204904231

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name
Property Management Systems, Inc.

Street Address (P.O. Box Number is not Acceptable)
463499 State Rd 200

City
Yulee

State
FL

Zip Code
32097

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 SCOTT STEFFEN 12-28-06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HODGSON, PAM 294 SOUTH MAIN STREET ALPHARETTA, GA 30004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HODGSON, R HUTCHINS 294 SOUTH MAIN STREET ALPHARETTA, GA 30004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lisa Giovannello 9023 Red Bud Trail Wayhew, NC 28173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JONES, BRYAN M 294 SOUTH MAIN STREET ALPHARETTA, GA 30004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LaPointe, Ann 3207 Sandelewood Dr. Wayhew, NC 28173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400082911934 01/02/07--01054--006 **236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: 12-28-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #