## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000005624

FILED Apr 15, 2008 Secretary of State

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

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

463499 STATE RD 200 YULEE, FL 32097

Current Mailing Address: New Mailing Address:

P.O. BOX 1987 YULEE, FL 320411987

FEI Number: 20-4904231 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PROPERTY MANAGEMENT SYSTEMS, INC. 463499 STATE RD 200 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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 HODGSON, PAM
 Name:
 LA POINTE, JACQUES

 Address:
 294 SOUTH MAIN STREET
 Address:
 3207 SANDALWOOD DRIVE

 City-St-Zip:
 ALPHARETTA, GA 30004
 City-St-Zip:
 WAXHAW, NC 28173

Title: SD () Delete Title: VD (X) Change () Addition Name: GIOVANNELLO, LISA Name: LA POINTE, MICHAEL

 Address:
 9023 RED BUD TRAIL
 Address:
 3207 SANDALWOOD DRIVE

 City-St-Zip:
 WAXHAW, NC 28173
 City-St-Zip:
 WAXHAW, NC 28173

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

 Name:
 LAPOINTE, ANN
 Name:

 Address:
 3207 SANDLEWOOD DR
 Address:

 City-St-Zip:
 WAXHAW, NC 28173
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TERRELL J POWELL RA 04/15/2008