2006 NOT-FOR-PROFIT CORPORATION

May 02, 2006 8:00 am Secretary of State ANNUAL REPORT 05-02-2006 90176 012 ****61.25 DOCUMENT # N05000012489 AMELIA PARK COURTYARD VILLAS CONDOMINIUM ASSOCIATION, INC. 40078619 Principal Place of Business Mailing Address 4745 SUTTON PARK COURT BUILDING 500 SUITE 4745 SUTTON PARK COURT BUILDING 500 SUITE 501 JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 CR2E037 (11/05) City & State City & State FEI Numbe Applied For Applied Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRILEY, D. RANDALL Christopher J. Hurst 135 PROFESSIONAL DRIVE SUITE 101 Street Address (P.O. Box Number is Not Acceptable) PONTE VEDRA BEACH, FL 32082 4540 Southside Blvd. Suite Jacksonville 8. The above named 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 Christopher J. Hurst 4-26-06 SIGNATURE Signature. d name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITI F ☐ Delete MLE. Change X Addition P/D TABB. JEFFREY NAME NAME STREET ADDRESS 4745 SUTTON PARK COURT BUILDING 500 SUITE STREET ADDRESS JACKSONVILLE, FL 32224 CITY-ST-ZIP CITY - ST - ZIP TITLE VP/D Delete TITLE ☐ Change X Addition ANTZAKLIS, BETH NAME NAME 4745 SUTTON PARK COURT BUILDING 500 SUITE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 CITY-ST-ZIP TITLE ☐ Delete TITLE T/S/D ☐ Change ★☐ Addition LENDRY, BRYAN NAME NAME STREET ADDRESS 4745 SUTTON PARK COURT BUILDING 500 SUITE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 CITY-ST-ZIP T(T) F Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IMF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 their like empowered.

JEFFREY E.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

904-992-2100