2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000444

Apr 21, 2009 Secretary of State

Entity Name: THE PALMS AT AMELIA CONDOMINIUM ASSOCIATION, INC.

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

463499 SR 200 463499 STATE ROAD 200 YULEE, FL 32097 YULEE, FL 32097 US

Current Mailing Address: New Mailing Address:

PO BOX 1987 P O BOX 1987

YULEE, FL 32041 US YULEE, FL 32041 US

FEI Number: 20-8937661 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 PROPERTY MANAGEMENT SYSTEMS INC

463499 STATE ROAD 200 463499 SR 200 YULEE, FL 32097 US YULEE, FL 32097

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: SCOTT STEFFEN 04/21/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

ROHAN, PAUL ROHAN, PAUL Name: Name: 9485 REGENCY SQUARE BOULEVARD SUITE 107 Address: P O BOX 1987 Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: YULEE, FL 32041 US

Title: VTD Title: **VPTD** (X) Change () Addition () Delete

Name: EVANS, GREG Name: EVANS, GREG

Address: 9000 REGENCY SQUARE BOULEVARD SUITE 200 Address: P O BOX 1987 City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: YULEE, FL 32041 US

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

WILLIAMS, RILEY Name: WILLIAMS, RILEY Name: 9000 REGENCY SQUARE BOULEVARD SUITE 200 Address: P O BOX 1987

Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: YULEE, FL 32041 US

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: SCOTT STEFFEN RΑ 04/21/2009