



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90010 027 ****61.25

DOCUMENT # N06000002409					
1. Entity Name PRIVATE QUARTERS CLUB AT AMELIA NATIONAL PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 250 SOUTH CENTRAL BLVD. SUITE 207 JUPITER, FL 33458			Mailing Address 250 SOUTH CENTRAL BLVD. SUITE 207 JUPITER, FL 33458		
2. Principal Place of Business - No P.O. Box # 601 Heritage Drive Suite, Apt. #, etc. 113		3. Mailing Address 601 Heritage Drive Suite, Apt. #, etc. 113			
City & State Jupiter FL		City & State Jupiter FL		4. FEI Number 33-1142084	
Zip 33458		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELLINGER, RICHARD 250 SOUTH CENTRAL BLVD. SUITE 207 JUPITER, FL 33458			7. Name and Address of New Registered Agent Name <u>Chad P LaBonte</u> Street Address (P.O. Box Number is Not Acceptable) 601 Heritage Drive Suite 113 City <u>Jupiter</u> FL Zip Code <u>33458</u>		
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 <u>[Signature]</u> 3/20/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME BELLINGER, RICHARD	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 250 SOUTH CENTRAL BLVD. #207	CITY-ST-ZIP JUPITER, FL 33458		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE DS	NAME LABONTE, CHAD	<input type="checkbox"/> Delete	TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 250 SOUTH CENTRAL BLVD. #207	CITY-ST-ZIP JUPITER, FL 33458		STREET ADDRESS 601 Heritage Drive, Suite 113	CITY-ST-ZIP Jupiter FL 33458	
TITLE D	NAME COOPER, LARRY	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 250 SOUTH CENTRAL BLVD. #207	CITY-ST-ZIP JUPITER, FL 33458		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	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 other like empowered.					
SIGNATURE: <u>[Signature]</u>			3/20/08 561.214.8123		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		