## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000002409

FILED May 08, 2009 Secretary of State

Entity Name: PRIVATE QUARTERS CLUB AT AMELIA NATIONAL PROPERTY OWNERS ASSOCIATION, INC.

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

601 HERITAGE DRIVE 94032 HEMLOCK CT

113 FERNANDINA BEACH, FL 32034 JUPITER, FL 33458

Current Mailing Address: New Mailing Address:

601 HERITAGE DRIVE 94032 HEMLOCK CT

113 FERNANDINA BEACH, FL 32034 JUPITER, FL 33458

FEI Number: 33-1142084 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

LABONTE, CHAD P WELLS, TOMMY 601 HERITAGE DRIVE 94032 HEMLOCK CT

SUITE 113 FERNANDINA BEACH, FL 32034 US JUPITER, FL 33458 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: TOMMY WELLS 05/08/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: MEM (X) Change ( ) Addition

Name: LABONTE, CHAD Name: WELLS, TOMMY

 Address:
 601 HERITAGE DRIVE, SUITE 113
 Address:
 701 MINNESOTA AVENUE

 City-St-Zip:
 JUPITER, FL 33458
 City-St-Zip:
 KANSAS CITY, KS 66101

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

Name: Name: TISZKA, JOHN

Address: Address: 701 MINNESOTA AVENUE
City-St-Zip: City-St-Zip: KANSAS CITY, KS 66101

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

Name: Name: AMIS, DONNA

Address: Address: 701 MINNESOTA AVENUE City-St-Zip: City-St-Zip: KANSAS CITY, KS 66101

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: TOMMY WELLS MEM 05/08/2009