
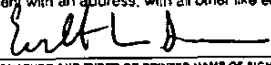


FILED
Feb 09, 2007 8:00 am
Secretary of State

01-08-2007 90248 040 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N06000003312			
1. Entity Name UNITY WOODS AT AMELIA ISLAND HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 145 NW CENTRAL PARK PLAZA PORT ST LUCIE, FL 34986		Mailing Address 145 NW CENTRAL PARK PLAZA PORT ST LUCIE, FL 34986	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01032007 Chg-NP CR2E037 (12/06)		4. FEI Number 20-8389029	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SIMMONS, EVETT L ESQ. 145 NW CENTRAL PARK PLAZA PORT ST LUCIE, FL 34986		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when releasing) Signature, typed or printed name of registered agent and title if applicable. DATE			
Filing Fee is \$61.25 Due by May 1, 2007		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			
TITLE	DP	<input type="checkbox"/> Delete	
NAME	SIMMONS, EVETT L		
STREET ADDRESS	7843 SABAL LAKE DRIVE		
CITY- ST- ZIP	PORT ST LUCIE, FL 34986		
TITLE	DV	<input type="checkbox"/> Delete	
NAME	WILLIAMS, ROSE A		
STREET ADDRESS	796 GROVE PARK CIRCLE		
CITY- ST- ZIP	FERNANDINE BEACH, FL 32304		
TITLE	DS	<input type="checkbox"/> Delete	
NAME	PINKNEY, PADRICK A		
STREET ADDRESS	211 SE VILLAGE DRIVE		
CITY- ST- ZIP	PORT-ST-LUCIE, FL-34986		
TITLE	DT	<input type="checkbox"/> Delete	
NAME	SMITH, DEIRDE W		
STREET ADDRESS	17565 71ST LANE NORTH		
CITY- ST- ZIP	LOXAHATCHEE, FL 33470		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
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: 		01-04-07 772-873-8900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	