2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N06000003312

Entity Name: UNITY WOODS AT AMELIA ISLAND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

145 NW CENTRAL PARK PLAZA
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

145 NW CENTRAL PARK PLAZA
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number: 20-8389029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMMONS, EVETT L ESQ
145 NW CENTRAL PARK PLAZA
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SIMMONS, EVETT L
Address: 7843 SABAL LAKE DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: DV ( ) Delete
Name: WILLIAMS, ROSE A
Address: 796 GROVE PARK CIRCLE
City-St-Zip: FERNANDINE BEACH, FL 32304

Title: DS ( ) Delete
Name: PINKNEY, PADRICK A
Address: 211 SE VILLAGE DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: DT ( ) Delete
Name: SMITH, DEIRDE W
Address: 17565 71ST LANE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PADRICK A. PINKNEY DS 01/21/2009

Electronic Signature of Signing Officer or Director — Date