

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003312

FILED
Jan 24, 2011
Secretary of State

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:

145 NW CENTRAL PARK PLAZA
SUITE 110-B
PORT ST LUCIE, FL 34986

Current Mailing Address:

145 NW CENTRAL PARK PLAZA
PORT ST LUCIE, FL 34986

New Mailing Address:

145 NW CENTRAL PARK PLAZA
SUITE 110-B
PORT ST LUCIE, FL 34986

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: EVETT L. SIMMONS

PRES

01/24/2011

Electronic Signature of Signing Officer or Director

Date