

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003853

FILED  
Jun 09, 2009  
Secretary of State

Entity Name: AMELIA RIVER WALK ASSOCIATION, INC.

## Current Principal Place of Business:

4380 US HYW 1  
VERO BEACH, FL 32967

## New Principal Place of Business:

6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809

## Current Mailing Address:

4380 US HYW 1  
VERO BEACH, FL 32967

## New Mailing Address:

6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809

FEI Number: 40-0997412      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:

SPEECHLY JR, CLIFFORD S  
4380 US HYW 1  
VERO BEACH, FL 32967      US

## Name and Address of New Registered Agent:

LELAND MANAGEMENT INC  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809      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: REBECCA FURLOW

06/09/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP      ( ) Delete  
Name: HAAS, DAVID  
Address: 4380 US HYW 1  
City-St-Zip: VERO BEACH, FL 32967

Title: DV      ( ) Delete  
Name: TIMM, DUSTIN  
Address: 4380 US HYW 1  
City-St-Zip: VERO BEACH, FL 32967

Title: DST      ( ) Delete  
Name: ANDERSON, TIM  
Address: 4380 US HYW 1  
City-St-Zip: VERO BEACH, FL 32967

Title: MGR      (X) Delete  
Name: SPEECHLY, CLIFFORD S JR  
Address: 4380 US HYW 1  
City-St-Zip: VERO BEACH, FL 32967

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP      (X) Change ( ) Addition  
Name: HAAS, DAVID  
Address: 14785 OLD ST AUGUSTINE RD STE 3  
City-St-Zip: JACKSONVILLE, FL 32258

Title: DV      (X) Change ( ) Addition  
Name: TIMM, DUSTIN  
Address: 14785 OLD ST AUGUSTINE RD STE3  
City-St-Zip: JACKSONVILLE, FL 32258

Title: DST      (X) Change ( ) Addition  
Name: ANDERSON, TIM  
Address: 14785 OLD ST AUGUSTINE RD STE 3  
City-St-Zip: JACKSONVILLE, FL 32258

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: DUSTIN TIMM

DV

06/09/2009

Electronic Signature of Signing Officer or Director

Date