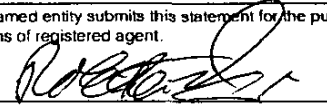
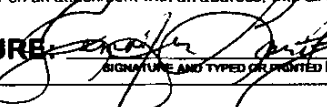


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90087 007 ****61.25

DOCUMENT # N06000004472 1. Entity Name AMELIA PLACE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5508-B NORTH "W" STREET PENSACOLA, FL 32505			Mailing Address 5508-B NORTH "W" STREET PENSACOLA, FL 32505		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3200277	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUDNALL, DUNCAN 5508-B NORTH "W" STREET PENSACOLA, FL 32505			7. Name and Address of New Registered Agent Name Ray O. Etheridge Street Address (P.O. Box Number is Not Acceptable) 3298 Summit Blvd Suite 4 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  DATE 4/30/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORRIS, GAIL 5508-B NORTH "W" STREET PENSACOLA, FL 32505	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LARITZ, JENNIFER 5508-B NORTH "W" STREET PENSACOLA, FL 32505	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BARNES, DAVID 5508-B NORTH "W" STREET PENSACOLA, FL 32505	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
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 			Date 4-30-07 Daytime Phone #		