
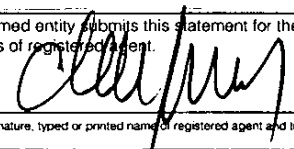
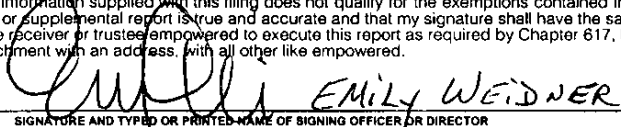


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N06000008398</b> 1. Entity Name AMELIA PLACE CONDOMINIUM ASSOCIATION, INC.						FILED 07 OCT -1 PM 4:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 120 E. COLONIAL DRIVE ORLANDO, FL 32801				Mailing Address 120 E. COLONIAL DRIVE ORLANDO, FL 32801			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 20-5430890				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FIRST CAPITAL PROPERTY GROUP, INC. 1516 E. Hillcrest St., Suite 210 Orlando, FL 32803				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: 				9-13-07			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE			
Amended AR is \$61.25				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			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				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.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DP STIVERS, CURT 608 E. CENTRAL BLVD. ORLANDO, FL 32801				VP T. Picton Warlow IV 317 E. Amelia St. Unit 2 Orlando, FL 32803			
DVS WEIDNER, EMILY 608 E. CENTRAL BLVD. ORLANDO, FL 32801				P Emily Weidner 317 E. Amelia St. Unit 3 Orlando, FL 32803			
DVST WARLOW, THOMAS P IV 608 E. CENTRAL BLVD. ORLANDO, FL 32801				S/T Darwin E. Beedle II 317 E. Amelia St. Unit 7 Orlando, FL 32803			
200110274382 10/04/07--01040--003 **61.25				200110274382 10/04/07--01040--003 **61.25			
SIGNATURE: 				9/27/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			