

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006234

FILED
Jan 25, 2009
Secretary of State

Entity Name: SPYGLASS VILLAS II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034

New Principal Place of Business:

C/O AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034

Current Mailing Address:

PO BOX 3000
AMELIA ISLAND, FL 32035

New Mailing Address:

C/O AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034

FEI Number: 51-0638858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEALAN JR, JACK B
3000 FIRST COAST HWY
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

MUIR, ROBERT C III
AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
FERNANDINA BEACH, FL 32034 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: ROBERT C. MUIR, III

01/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AVANT, THOMAS G
Address: 6522 SPYGLASS CIRCLE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VP () Delete
Name: MCCORMACK, WAYNE
Address: 2526 MT VERNON ROAD SUITE B-459
City-St-Zip: ATLANTA, GA 30338

Title: TS () Delete
Name: SCHNEIDER, GARY B
Address: 4437 SW 91ST DRIVE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AVANT, THOMAS G
Address: 6522 SPYGLASS CIRCLE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VD (X) Change () Addition
Name: MCCORMACK, WAYNE
Address: 2526 MT VERNON ROAD SUITE B-459
City-St-Zip: ATLANTA, GA 30338

Title: TSD (X) Change () Addition
Name: SCHNEIDER, GARY B
Address: 4437 SW 91ST DRIVE
City-St-Zip: GAINESVILLE, FL 32608

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: THOMAS AVANT

P

01/25/2009

Electronic Signature of Signing Officer or Director

Date