2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 8:00 am Secretary of State

DOCU	MENT # NIOO222		THE STA	0	4-08-200	5 90074 014 *	***61.25	
DOCUMENT # N09233 1. Entity Name THE RESIDENCE COMMON ASSOCIATION, INC.								
Principal Place of Business AMELIA ISLAND MANAGEMENT AMELIA ISLAND MANAGEMENT AMELIA ISLAND MANAGEME 3000 1ST COAST HWY AMELIA ISLAND, FL 32035-1307 US AMELIA ISLAND, FL 32035								I
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062005 C	hg-NP	CR2E037 (10	0/03)	
City & State		City & State		4. FEI Number 59-27846	13		Applied Fo	
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired		5_Additional_	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Add	iress of New	Registered Agent		
GREGORY, DAVID AMELIA ISLAND MANAGEMENT				Street Address (P.O. Box Number is Not Acceptable)				
3000 FIRS	T COAST HIGHWAY		<u> </u>					
AMELIAIS	SLAND, FL 32034		City			FL Z	ip Code	
	named entity submits this statement for	r the purpose of changing its re	gistered office or re	egistered agent, or both, in	the State of		ır with, and acc	cept
the obagai	lions of registered agent.							
SIGNATURE .								
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered Agent signature r	required when reinstating)		DATE		-
		and title if applicable. (NOTE: R				DATE Make check pay	able to	
10	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	F	Make check pay orlds Departmen	t of State	
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be	F	Make check pay orlda Departmen CERS AND DIRECTO	t of State	dition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

alexe Wood AILENEWOOD

2-1-1-05 491-490