

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90351 017 ****61.25

DOCUMENT # N09233

1. Entity Name
THE RESIDENCE COMMON ASSOCIATION, INC.



40043010

Principal Place of Business
**AMELIA ISLAND MANAGEMENT
3000 1ST COAST HWY
AMELIA ISLAND, FL 32035-1307 US**

Mailing Address
**AMELIA ISLAND MANAGEMENT
3000 1ST COAST HWY
AMELIA ISLAND, FL 32035-1307 US**

2. Principal Place of Business -
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

01112006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2784613

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GREGORY, DAVID
AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE **PD** ☐ Delete
NAME **WOOD, AILENE**
STREET ADDRESS **8144 FIRST COAST HIGHWAY #108**
CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

TITLE **VD** ☒ Delete
NAME **MORGAN, JAMES P**
STREET ADDRESS **8247 RESIDENCE COURT**
CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

TITLE **STD** ☐ Delete
NAME **WATT, TOM**
STREET ADDRESS **8152 RESIDENCE COURT**
CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

TITLE **D** ☐ Delete
NAME **MACKEY, JAMES**
STREET ADDRESS **8152 RESIDENCE COURT**
CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

TITLE **D** ☐ Delete
NAME **YOUNG, ANDREW**
STREET ADDRESS **5040 TUCKER RIDGE**
CITY-ST-ZIP **MACON, GA 31210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
NAME **Perlis, Marvin**
STREET ADDRESS **8160 Residence Ct.**
CITY-ST-ZIP **Amelia Island, FL 32034**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3-6-06

Date

Daytime Phone #

904 277 5121