



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90039 028 ****61.25

DOCUMENT # N09233 1. Entity Name THE RESIDENCE COMMON ASSOCIATION, INC.					
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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">20002673</div> 	
City & State		City & State		4. FEI Number 59-2784613	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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	
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.				<div style="display: flex; justify-content: space-between;"> <div>SIGNATURE _____</div> <div>DATE _____</div> </div> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOOD, AILENE 8144 FIRST COAST HIGHWAY #108 AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WOOD, LARRY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERLIS, MARVIN 8160 RESIDENCE CT FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WATT, TOM 8152 RESIDENCE COURT AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKEY, JAMES 8152 RESIDENCE COURT AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1477 N. DECATUR ROAD ATLANTA, GA 30306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, ANDREW 5040 TUCKER RIDGE MACON, GA 31210	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Webb, W. Carey 8164 Residence Court Amelia Island, FL 32034
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: _____ 2/13/07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

20007673

CORPORATION ANNUAL REPORT - PAGE TWO

RESIDENCE COMMON ASSOCIATION, INC.

DOCUMENT # N09233

Additions:

TD

Lorick, William

8156 Residence Court

Amelia Island, FL 32034