2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20903

FILED Mar 20, 2009 Secretary of State

Entity Name: ADMIRALS INLET HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O RODNEY S. MARGOL 11062 RIVERPORT DRIVE W JACKSONVILLE, FL 322237120

Current Mailing Address: New Mailing Address:

C/O RODNEY S. MARGOL
11062 RIVERPORT DRIVE W
JACKSONVILLE, FL 322237120

C/O RODNEY S. MARGOL
11062 RIVERPORT DRIVE W
JACKSONVILLE, FL 322237120

FEI Number: 59-2484373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARGOL, RODNEY S. 11062 RIVERPORT DRIVE WEST JACKSONVILLE, FL 32223 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MARGOL, RODNEY, Name: MARGOL, RODNEY, Address: 11062 RIVERPORT DR W 1062 RIVERPORT DR W

City-St-Zip: JACKSONVILLE, FL 32223

Title: TD () Delete Title: TD (X) Change () Addition Name: HADAAD, WILLIAM Name: HADAAD, WILLIAM

Address: 11029 RIVERPORT DRIVE EAST
City-St-Zip: JACKSONVILLE, FL

Address: 11029 RIVERPORT DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete Title: () Change () Addition

 Name:
 TERRIETT, MENNO
 Name:

 Address:
 2648 RIVERPORT DR. N.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32223
 City-St-Zip:

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: WILLIAM HADDAD TD 03/20/2009