2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State
02-19-2007 90047 037 ****61.25

2/

DOCUMENT # N41188

1. Entity Name
ANASTASIA ISLAND RESORT, INC.

Principal Place of Business	Mailing Address
4825 A1A SOUTH ST AUGUSTINE, FL 32080 US	4825 A1A SOUTH BOX 200 ST AUGUSTINE, FL 32080 US

bbUUbOOJ

02042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3044098 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~DE PROSPO, CARL~~ THOMPSON, JAMES ~~4825 A1A SOUTH~~ PO BOX 840075 ~~ST AUGUSTINE, FL 32080~~ ST AUGUSTINE FL 32080	Name: THOMPSON JAMES Street Address (P.O. Box Number is Not Acceptable): 4825 A1A SO #41A City: ST AUGUSTINE FL Zip Code: 32080

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: Dorothy Norris TREASURER X 2-15-2007
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, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DE PROSPO, CARL 4825 A1A SOUTH, BOX 27 ST AUGUSTINE, FL 32080	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALTON BRADLEY 4825 A1A SO #10 ST AUG FL 32080	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X Directed MATZKE, FRANK 4825 A1A SOUTH, LOT 41 ST AUGUSTINE, FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURE DOROTHY NORRIS 4825 A1A So #9 ST AUG FL 32080	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WYTIAZ, JOSEPH P.O. BOX 840037 ST AUGUSTINE, FL 32080	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT THOMPSON, JAMES P.O. BOX 840075 ST. AUGUSTINE, FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIRKLAND, PAM P.O. BOX 840037 SAINT AUGUSTINE, FL 32080	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Peter Wills Director 4825 A1A So #40 ST AUG FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Dorothy Norris TREASURER 2-15-2007 904-471-5263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #