2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 28, 2008 8:00 am
Secretary of State
03-05-2008 90023 012 ****61.25

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01282008 Chg-NP CR2E037 (12/06)

DOCUMENT # N41188

1. Entity Name
ANASTASIA ISLAND RESORT, INC.

Principal Place of Business
4825 A1A SOUTH
ST AUGUSTINE, FL 32080 US

Mailing Address
4825 A1A SOUTH
BOX 200
ST AUGUSTINE, FL 32080 US

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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
JAMES, THOMPSON
4825 A1A SOUTH
SUITE 41A
SAINT AUGUSTINE, FL 32080

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 Margaret A. Ordway 3-20-08
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, 2008

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	VP	☒ Delete
NAME	ALTON, BRADLEY	
STREET ADDRESS	4825 A1A SOUTH SUITE 10	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	

TITLE	T	☒ Delete
NAME	NORRIS, DOROTHY	
STREET ADDRESS	4825 A1A SOUTH SUITE 9	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	

TITLE	T	☐ Delete
NAME	THOMPSON, JAMES	
STREET ADDRESS	P.O. BOX 840075	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	

TITLE	D	☐ Delete
NAME	WILLS, PETER	
STREET ADDRESS	4825 A1A SOUTH SUITE 40	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☑ Change ☐ Addition
NAME	Marge Ordway	
STREET ADDRESS	285 St Nicholas WAY	
CITY-ST-ZIP	St. Augustine Fl 32080	

TITLE	T	☑ Change ☐ Addition
NAME	Peter Wills	
STREET ADDRESS	4825 A1A South #40	
CITY-ST-ZIP	St Augustine Fl 32080	

TITLE	VP	☑ Change ☐ Addition
NAME	Elton Knowles	
STREET ADDRESS	PO Box 894	
CITY-ST-ZIP	York Harbor ME 03911	

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: Margaret A. Ordway 3-20-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #