

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41188

FILED
Apr 29, 2009
Secretary of State

Entity Name: ANASTASIA ISLAND RESORT, INC.

Current Principal Place of Business:

4825 A1A SOUTH
ST AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

4825 A1A SOUTH
BOX 200
ST AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-3044098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: VD () Delete
Name: KNOWLES, ELTON
Address: POB 894
City-St-Zip: YORK HARBOR, ME 03911

Title: D () Delete
Name: WILLS, PETER
Address: 4825 A1A SOUTH SUITE 40
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P () Delete
Name: ORDWAY, MARGE
Address: 285 ST NICHOLAS WAY
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T (X) Delete
Name: WILLS, PETER
Address: 4825 A1A S 40
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KETTY, LARRY
Address: 4825 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP (X) Change () Addition
Name: THOMPSON, JAMES
Address: 4825 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T (X) Change () Addition
Name: WILLS, PETER
Address: 4825 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
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: LARRY KETTY

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date