2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2009
Secretary of State

DOCUMENT# N95000000849

Entity Name: NATURE'S WALK OF AMELIA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1129A NATURES WALK CT
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

1129A NATURES WALK CT
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

FEI Number: 59-3341119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOMASSETTI, JEFFREY A
406 ASH ST
P O BOX 1443
FERNANDINA, FL 32034 US

Name and Address of New Registered Agent:

TOMASSETTI, JEFFREY A
406 ASH ST
FERNANDINA, FL 32034 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: _____ 01/31/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GLENN, LUCINDA JO
Address: 1130 B NATURES WALK CT
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete
Name: BOZEMAN, KAY S
Address: 1129A NATURES WALK CT
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete
Name: TOLLEY, MAUREEN
Address: 1129B NATURES WALK CT
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete
Name: HRAPKOWSKI, JOSEPH
Address: 1151-A NATURES WALK COURT
City-St-Zip: FERNANDINA BCH, FL 32034

Title: D ( ) Delete
Name: ARENELLA, SARA
Address: 1127 B NATURES WALK CT
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KAY S. BOZEMAN D 01/31/2009
Electronic Signature of Signing Officer or Director — Date