

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90184 013 ****70.00

DOCUMENT # N95000001088

1. Entity Name
AMELIA ISLAND CLUB, INC.



Principal Place of Business
**6800 FIRST COAST HWY
AMELIA ISLAND, FL 32034 US**

Mailing Address
**P O BOX 3000
AMELIA ISLAND, FL 32035 US**

14000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3385039

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**BLANDFORD, MICHAEL
6800 FIRST COAST HWY
AMELIA ISLAND, FL 32034**

7. Name and Address of New Registered Agent

Name **Don Lenahan**
Street Address (P.O. Box Number is Not Acceptable)
32393 Grand Parke Blvd.

City **Fernandina Beach,** FL Zip Code **32034**

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

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, 2005**

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	D	<input checked="" type="checkbox"/> Delete
NAME	ARDIA, STEVE	
STREET ADDRESS	413 BEACHSIDE PLACE	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALBRIGHT, CHARLES	
STREET ADDRESS	124 LONG POINT DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	IMOGENE, COLEMAN	
STREET ADDRESS	1432 BEACH WALKER RD.	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32-037	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BEYTAGH, FRANK	
STREET ADDRESS	49 MARSH CREEK RD.	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, JAMES E	
STREET ADDRESS	10 DUNES ROW	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	MADDEN, GLATHA D	
STREET ADDRESS	2 SEA MARSH COVE	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flynn, Jim	
STREET ADDRESS	105 Long Point Drive	
CITY-ST-ZIP	AMELIA Island, FL 32034	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albright, Charles	
STREET ADDRESS	124 Long Point Drive	
CITY-ST-ZIP	AMELIA Island, FL 32034	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Braddock, Sue	
STREET ADDRESS	30 Salt Marsh Drive	
CITY-ST-ZIP	AMELIA Island, FL 32034	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Piatte, Curtis	
STREET ADDRESS	21 Laurel Oak	
CITY-ST-ZIP	AMELIA Island, FL 32034	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Nina	
STREET ADDRESS	7 Marsh Creek	
CITY-ST-ZIP	AMELIA Island, FL 32034	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Erdahl, Keith	
STREET ADDRESS	12 Dunes Row	
CITY-ST-ZIP	AMELIA Island, FL 32034	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/13/05 904/321-5031