


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90286 023 ****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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3385039	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LENAHAN, DON 32393 GRAND PARKE BLVD FERNANDINA BEACH, FL 32034				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	V FLYNN, JIM 105 LONG POINT DR AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Flynn, Jim 105 Long Point Drive Amelia Island, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBRIGHT, CHARLES 124 LONG POINT DRIVE FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Johnson, Nina 7 Marsh Creek Road Amelia Island, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IMOGENE, COLEMAN 1432 BEACH WALKER RD. FERNANDINA BEACH, FL 32-037	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Erdahl, Keith 12 Dunes Row Amelia Island, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADDOCK, SUE 30 SALT MARSH AVE AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Braddock, Sue 30 Salt Marsh Ave. Amelia Island, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, JAMES E 10 DUNES ROW AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gallagher, Dan 137 Long Point Drive Amelia Island, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADDEN, GLATHA D 2 SEA MARSH COVE AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D King, Tom 76 Long Point Drive Amelia Island, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 5/4/06 Daytime Phone #: 904 331-5093		

Don Lenahan

Continued on page # 2


ATTACHMENT

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Page 2

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Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LENAHAN, DON 32393 GRAND PARKE BLVD FERNANDINA BEACH, FL 32034			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLYNN, JIM		NAME	Platt, Curt	
STREET ADDRESS	105 LONG POINT DR		STREET ADDRESS	31 Laurel Oak Road	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP	Amelia Island, FL 32034	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBRIGHT, CHARLES		NAME	Hobart, Rick	
STREET ADDRESS	124 LONG POINT DRIVE		STREET ADDRESS	5030 1st Coast Highway, #12c	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP	Amelia Island, FL 32034	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMOGENE, COLEMAN		NAME		
STREET ADDRESS	1432 BEACH WALKER RD.		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32-037		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADDOCK, SUE		NAME		
STREET ADDRESS	30 SALT MARSH AVE		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, JAMES E		NAME		
STREET ADDRESS	10 DUNES ROW		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDEN, GLATHA D		NAME		
STREET ADDRESS	2 SEA MARSH COVE		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP		
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SIGNATURE: _____			5/4/06 904 321-5093		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT
40087303
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From the desk of....

Please see there are
(2) two pages
for all 9 BOB
members -

I'm sorry this is late,
however I did not
receive the post card
"reminder" this year -
(I've put a "Reminder" in
my calendar for next year!)

Thank you very much,
Lauren Lowe Barry

Lauren Lowe Barry