
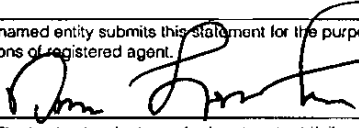
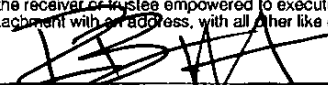


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90160 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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3385039	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> 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.			SIGNATURE  DATE 4/3/07		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLYNN, JIM 105 LONG POINT DR AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Curtis Platte 21 Laurel Oak Rd. Amelia Island, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, NINA 7 MARSH CREEK RD AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roger King 4 Royal Fern Road Amelia Island, FL 32033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERDAHL, KEITH 12 DUNES ROWE AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. Thomas King 76 Long Point Drive Amelia Island, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XP BRADDOCK, SUE 30 SALT MARSH AVE AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> change <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AL WATSON 69 Long Point Drive Amelia Island, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, DAN 137 LONG POINT DR AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rick Hobart 8030 First Coast Highway, #12C Amelia Island, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADDEN, GLATHA D 2 SEA MARSH COVE AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rebecca Stafford 124 Long Point Drive Amelia Island, FL 32034
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: 				Date: 4/10/07 Daytime Phone #: 904/321-5031	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RICK Hobart, VP					

40066704

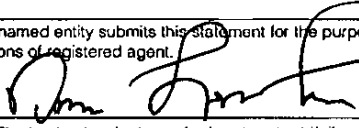


04032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3385039

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

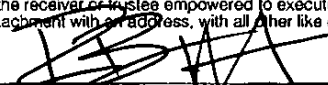
7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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  DATE **4/3/07**

Filing Fee is \$61.25 Due by May 1, 2007
 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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP P FLYNN, JIM 105 LONG POINT DR AMELIA ISLAND, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Curtis Platte 21 Laurel Oak Rd. Amelia Island, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST JOHNSON, NINA 7 MARSH CREEK RD AMELIA ISLAND, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Roger King 4 Royal Fern Road Amelia Island, FL 32033
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ERDAHL, KEITH 12 DUNES ROWE AMELIA ISLAND, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP D J. Thomas King 76 Long Point Drive Amelia Island, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP XP BRADDOCK, SUE 30 SALT MARSH AVE AMELIA ISLAND, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP D AL WATSON 69 Long Point Drive Amelia Island, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GALLAGHER, DAN 137 LONG POINT DR AMELIA ISLAND, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP VP Rick Hobart 8030 First Coast Highway, #12C Amelia Island, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MADDEN, GLATHA D 2 SEA MARSH COVE AMELIA ISLAND, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Rebecca Stafford 124 Long Point Drive Amelia Island, FL 32034

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:  Date: **4/10/07** Daytime Phone #: **904/321-5031**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICK Hobart, VP