

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90047 038 ****61.25

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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		02052008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3385039				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE D	NAME KING, ROGER	<input type="checkbox"/> Delete	TITLE President	NAME Rick Hobart	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4 ROYAL FERN ROAD	CITY-ST-ZIP AMELIA ISLAND, FL 32034		STREET ADDRESS 8030 1st Coast Highway, # 12C	CITY-ST-ZIP Amelia Island, FL 32034	
TITLE ST	NAME JOHNSON, NINA	<input checked="" type="checkbox"/> Delete	TITLE Director	NAME Marti Cain	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7 MARSH CREEK RD	CITY-ST-ZIP AMELIA ISLAND, FL 32034		STREET ADDRESS 3458 Sea Marsh Road	CITY-ST-ZIP Amelia Island, FL 32034	
TITLE D	NAME WATSON, AL	<input type="checkbox"/> Delete	TITLE Director	NAME Vince Yillani	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 69 LONGPORT DRIVE	CITY-ST-ZIP AMELIA ISLAND, FL 32034		STREET ADDRESS 154 Long Point Drive	CITY-ST-ZIP Amelia Island, FL 32034	
TITLE P	NAME BRADDOCK, SUE	<input checked="" type="checkbox"/> Delete	TITLE Director	NAME James Holland	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 30 SALT MARSH AVE	CITY-ST-ZIP AMELIA ISLAND, FL 32034		STREET ADDRESS 48 Beachwood Road	CITY-ST-ZIP Amelia Island, FL 32034	
TITLE D	NAME GALLAGHER, DAN	<input type="checkbox"/> Delete	TITLE Director	NAME J. Thomas King	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 137 LONG POINT DR	CITY-ST-ZIP AMELIA ISLAND, FL 32034		STREET ADDRESS 76 Long Point Drive	CITY-ST-ZIP Amelia Island, FL 32034	
TITLE D	NAME STAFFORD, REBECCA	<input type="checkbox"/> Delete	TITLE Vice President	NAME AL Watson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 124 LONG POINT DRIVE	CITY-ST-ZIP AMELIA ISLAND, FL 32034		STREET ADDRESS 66 Long Point Drive	CITY-ST-ZIP 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: Rick Hobart by Laura Lane Barry 02/05/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					