

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005850

FILED
Mar 06, 2009
Secretary of State

Entity Name: THE AMENITIES ASSOCIATION FOR THE RESIDENCES, INC.

Current Principal Place of Business:

475 WEST TOWN PLACE
SUITE 116
SAINT AUGUSTINE, FL 32092 US

Current Mailing Address:

475 WEST TOWN PLACE
SUITE 116
SAINT AUGUSTINE, FL 32092 US

New Principal Place of Business:

475 WEST TOWN PLACE
SUITE 112
SAINT AUGUSTINE, FL 32092 US

New Mailing Address:

C/O MAY MANAGEMENT SERVICES INC
5455 A1A S
SAINT AUGUSTINE, FL 32080 US

FEI Number: 59-3541312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES INC.
5455 US HWY A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES INC.
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 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: ANNA MARKS

03/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP3 () Delete
Name: OSTERREIDER, DAVID
Address: 115 N CHAMPION WAY #412
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: ST () Delete
Name: STNART, SHAINES
Address: 355 N SHORE BLVD #1312
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: PT () Delete
Name: DITTMAR, LYNDA
Address: 350 NORTH SHORE CIRCLE #1411
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OSTERREIDER, DAVID
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ST (X) Change () Addition
Name: SHAINES, STUART
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P (X) Change () Addition
Name: DITTMAR, LYNDA
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP () Change (X) Addition
Name: HART, KENNETH
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

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: LYNDA DITTMAR

P

03/06/2009

Electronic Signature of Signing Officer or Director

Date