2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP
Name: MACDONALD-DAILEY, ANN
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D
Name: CASSULO, FRANK
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: DT
Name: CHAFIN, CHARLES
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P
Name: OSTERRIEDER, DAVID
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

Title: S
Name: CRAFT, DENNIS
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: CHARLES CHAFIN DT 02/08/2011

Electronic Signature of Signing Officer or Director Date