2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000005850

TI FILED
Jul 03, 2012
Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

475 WEST TOWN PLACE 414 OLD HARD ROAD

SUITE 112 SUITE 502

SAINT AUGUSTINE, FL 32092 US FLEMING ISLAND, FL 32003 US

Current Mailing Address: New Mailing Address:

C/O MAY MANAGEMENT SERVICES INC C/O FLORIDIAN PROPERTY MANAGEMENT, LLC

5455 A1A S 414 OLD HARD ROAD, SUITE 502 SAINT AUGUSTINE, FL 32080 US FLEMING ISLAND, FL 32003 US

FEI Number: 59-3541312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES INC.
5455 A1A SOUTH
FLORIDIAN PROPERTY MANAGEMENT, LLC
414 OLD HARD ROAD

SAINT AUGUSTINE, FL 32080 US SUITE 502

FLEMING ISLAND, FL 32003 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: SUSAN D. WOOD 07/03/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP

Name: MACDONALD-DAILEY, ANN
Address: 414 OLD HARD ROAD, SUITE 502
City-St-Zip: FLEMING ISLAND, FL 32003

Title: F

Name: CRAFT, DENNIS

Address: 414 OLD HARD ROAD, SUITE 502 City-St-Zip: FLEMING ISLAND, FL 32003

Title:

Name: CHAFIN, CHARLES

Address: 414 OLD HARD ROAD, SUITE 502 City-St-Zip: FLEMING ISLAND, FL 32003

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: DENNIS CRAFT P 07/03/2012