


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90349 006 \*\*\*\*61.25

<b>DOCUMENT # N99000006869</b> 1. Entity Name <b>AZALEA POINTE OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>463499 STATE ROAD 200 YULEE, FL 32097</b>			Mailing Address <b>PO BOX 1987 YULEE, FL 32041-1987</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3629953</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>POWELL, TERRELL J</b> <b>463499 STATE ROAD 200</b> <b>YULEE, FL 32097</b>				Name <b>Gregory, David B.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Amelia Island Management</b> <b>3000 First Coast Highway</b> City <b>Amelia Island</b> FL <b>32034</b>	
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 _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>ORR, PATRICIA H</b> <b>95182 SPRING BLOSSOM LANE</b> <b>FERNANDINA BEACH, FL 32034</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andrew messina <b>9550 Hildreth Ct</b> <b>Amelia Island, FL 32034</b>
		<input checked="" type="checkbox"/> Change		<input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>GRUPE, GINNY</b> <b>95179 SPRING BLOSSOM LANE</b> <b>FERNANDINA BEACH, FL 32034</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. W. Brandon <b>95123 Spring Blossom Lane</b> <b>Amelia Island, FL 32034</b>
		<input checked="" type="checkbox"/> Change		<input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>WORLEY, JEAN</b> <b>95228 SPRING BLOSSOM LANE</b> <b>FERNANDINA BEACH, FL 32034</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Minas i <b>9557 Hildreth Lane</b> <b>Amelia Island, FL 32034</b>
		<input checked="" type="checkbox"/> Change		<input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ALTERIO, LINDA</b> <b>9518 SPRING BLOSSOM COURT</b> <b>FERNANDINA BEACH, FL 32034</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Andeesen <b>9545 Hildreth Lane</b> <b>Amelia Island, FL 32034</b>
		<input checked="" type="checkbox"/> Change		<input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MC CAFFREY, MAURICE</b> <b>95159 SPRING BLOSSOM LANE</b> <b>FERNANDINA BEACH, FL 32034</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Valeria L. Orr</i></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<b>3/14/06</b> Date Daytime Phone #	

40049821



01112006 Chg-NP CR2E037 (11/05)

**ATTACHMENT** 40049821  
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS** # N99000006869

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Azalea Point Owners Association, Inc.
2. The mailing address of the corporation is: P. O. Box 3000  
Fernandina Beach, FL 32035
3. Date of incorporation/qualification: November 22, 1999 Document number: N99000006869
4. The name and address of the current registered agent and office:

Powell, Terrell J.

463499 State Road 200

Yulee, FL 32097

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

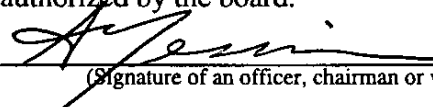
Gregory, David B.

Amelia Island Plantation  
3000 First Coast Highway

Amelia Island, FL 32034

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

  
(Signature of an officer, chairman or vice chairman of the board)

3-02-2006

(Date)

Andrew Messina, President

(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

  
(Signature of Registered Agent)

3/14/06  
(Date)

If signing on behalf of an entity:

David B. Gregory

(Typed or Printed Name)

Registered Agent

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*