2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	MENT # N99000006 POINTE OWNERS ASSOC		1-17-2006 90349	006 ****6	1.25			
Principal Place of Business 463499 STATE ROAD 200 YULEE, FL 32097		Mailing Address PO BOX 1987 YULEE, FL 32041-1987		4 152 1114 874 1711	19821			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112006 Ci	ng-NP CR2E	037 (11/05)		
City & State		City & State		4. FEI Number 59-362995	3	— —	pplied For	
Zip	Country	Zip	Country	5. Certificate of St	<u> </u>	\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registere			
			Name		1 / D	u Agent		
-POWELL , TERRELL J - 463499 STATE ROAD 200				Street Address (P.C. Box Number is Not Acceptable) America Island Hanagement				
YULEE, FL	- 32097		3000		ct Highw	1011-		
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or printed name of registered agent s	and title if applicable. (NOTE	: Registered Agent signature re	equired when rainstating)	DATE	<u> </u>		
	Signature, typed or printed name of registered agent of Filling Fee is \$61.25 Due by May 1, 2006		npaign Financing	\$5.00 May Be Added to Fees	Make che	ck payable t		
10.	Filing Fee is \$61.25	9. Election Car Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Make che	eck payable t artment of S	tate	
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Thereby certify that the information supplied with this filing does not quality 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 attact ment with an address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT 40549821 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS # 1/99 000006869

Pursuant to th	ne provisions of sections 607.0502, 617.0502,	607.1508, or 617.1508, Florida Statutes,
the undersigne	ed corporation organized under the laws of the .	State of Florida
submits the fol	llowing statement in order to change its registe	ered office or registered agent, or both, in
the State of Flo		
1. The name of	f the corporation is: Azalea Point Owne	ers Association, Inc.
2. The mailing	address of the corporation is: P. O. Box	x 3000
	Fernandi	na Beach, FL 32035
3. Date of inco	orporation/qualification: <u>November 22,199</u>	Document number: <u>N99000006869</u>
4. The name ar	nd address of the current registered agent and of	ffice:
	Powell, Terrell J.	
	463499 State Road 200	
	Yulee, FL 32097	•
5. The name ar	nd address of the new registered agent and offic	e: (P. O. Box Not Acceptable)
	Gregory, David B.	
	Amelia Island Plantation 3000 First Coast Highway	
	Amelia Island, FL 32034	
	ress of its registered office and the street addreged, will be identical.	
Such change wanthorized by	vas authorized by resolution duly adopted by it the board.	s board of directors or by an officer so
9/	2 m	
Signature	e of an officer, chairman or vice chairman of the board)	(Date)
Andrew M	lessina, President	
	(Printed or typed name and title)	 · .
Having been n corporation, I I further agree performance o registered age	amed as registered agent and to accept service hereby accept the appointment as registered as to comply with the provisions of all statutes refirmly duties, and I am familiar with and accept nt.	e of process for the above stated agent and agree to act in this capacity. elative to the proper and complete the obligation of my position as
1)la	Val R. Aug. [3/14/06
	Signature of Registered Agent)	(Date)
If signing on beha	alf of an entity:	
	Gregory	Registered Agent
	(Typed or Printed Name)	(Capacity)
		•

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