

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006869

FILED
Jan 28, 2009
Secretary of State

Entity Name: AZALEA POINTE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

463499 STATE ROAD 200
YULEE, FL 32097

New Principal Place of Business:

C/O AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034

Current Mailing Address:

PO BOX 1987
YULEE, FL 320411987

New Mailing Address:

C/O AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034

FEI Number: 59-3629953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEALAN, JACK B JR
3000 FIRST COAST HWY
AMELIA ISLAND, FL 32034 US

Name and Address of New Registered Agent:

MUIR, ROBERT C III
AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034 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: ROBERT C. MUIR, III

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CHAUNCEY, RAYMOND
Address: 9517 SPRING BLOSSOM LN.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: PD () Delete
Name: MESSINA, ANDREW
Address: 9550 HILDRETH CT
City-St-Zip: AMELIA ISLAND, FL 32034

Title: SD () Delete
Name: ROBINSON, PENELOPE
Address: 9511 HILBRETH LN.
City-St-Zip: AMELIA ISLAND, FL 32034

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: KOMNINOS, ANN
Address: 95214 SRING BLOSSOM LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ANDERSEN, KIMBERLY
Address: 9545 HILDRETH LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VD () Change (X) Addition
Name: WORLEY, PAUL JR
Address: 95228 SPRING BLOSSOM LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

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: ANDREW MESSINA

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date