

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90042 003 ***150.00

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1. Entity Name

AMELIA ISLAND RESORT RENTALS, INC.



Principal Place of Business

5012 FIRST COAST HWY.
AMELIA ISLAND, FL 32034 US

Mailing Address

5012 FIRST COAST HWY.
AMELIA ISLAND, FL 32034 US

DO NOT WRITE IN THIS SPACE



01082008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3138483

Applied For

Not Applicable

5. Certificate of Status Desired - ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANDETO, MICHAEL A
135 W BAY ST
SUITE 200
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable)

(NOTE: Registered Agent signature required when registering)

1/8/08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARONECK, CHARLES M.
STREET ADDRESS	1832 BUCCANEER DR. 972 OCEAN BLVD
CITY-ST-ZIP	JACKSONVILLE, FL ATLANTIC BEACH FL 32233
TITLE	D
NAME	ARONECK, BRETT E
STREET ADDRESS	114 NADIA MICHEAL OT 1832 BUCCANEER DR
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/8/08 9042619444

Date

Daytime Phone #