2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003669

Entity Name: AMELIA LAKE, INC.

FILED Apr 09, 2014 **Secretary of State** CC2746864984

Current Principal Place of Business:

SAND CASTLE COMMUNITY MANAGEMENT 5495 BRYSON DRIVE SUITE 412

NAPLES, FL 34109

Current Mailing Address:

SAND CASTLE COMMUNITY MANAGEMENT 5495 BRYSON DRIVE SUITE 412 NAPLES, FL 34109

FEI Number: 65-1016457 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUTZ, VERNA 5495 BRYSON DRIVE, SUITE 412 NAPLES, FL 34109 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: VERNA LUTZ 04/09/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

PRESIDENT Title Title VΡ

Name SKONIE, THOMAS Name LORIA, GENE

Address 5495 BRYSON DRIVE, SUITE 412 Address 5495 BRYSON DRIVE, SUITE 412

NAPLES FL 34109 City-State-Zip: NAPLES FL 34109 City-State-Zip:

Title **TREASURER** Title **SECRETARY**

Name TUMINELLO, SALVATORE Name **BROCK**, ROBERT

5495 BRYSON DRIVE, SUITE 412 Address 5495 BRYSON DRIVE, SUITE 412 Address

City-State-Zip: NAPLES FL 34109 City-State-Zip: NAPLES FL 34109

Title DIRECTOR

Name SLOWINSKI, ANDREW

Address 5495 BRYSON DRIVE, SUITE 412

City-State-Zip: NAPLES FL 34109

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.

04/09/2014 SIGNATURE: ROBERT BROCK SECRETARY