

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000012082

Entity Name: AMELIA CONCOURSE PHASE TWO HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 27, 2021
Secretary of State
0719951016CC

Current Principal Place of Business:

112 N. PONCE DE LEON BLVD
UNIT C
ST. AUGUSTINE, FL 32084

Current Mailing Address:

P.O. BOX 1389
ST. AUGUSTINE, FL 32085 US

FEI Number: 82-3428150

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAULERSON, JANEEN
112 N. PONCE DE LEON BLVD
UNIT C
ST. AUGUSTINE, FL 32084 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: JANEEN RAULERSON

04/27/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TOWSLEY, TROY
Address P.O BOX 1389
City-State-Zip: ST. AUGUSTINE FL 32073

Title VP
Name SULFARO, BARBARA
Address P.O BOX 1389
City-State-Zip: ST. AUGUSTINE FL 32085

Title SECRETARY
Name SULSER, JUDY
Address P.O BOX 1389
City-State-Zip: ST. AUGUSTINE FL 32085

Title AGENT
Name RAULERSON, JANEEN L
Address P.O. BOX 1389
City-State-Zip: ST. AUGUSTINE FL 32085

Title TREASURER
Name MORIO, SEAN
Address P.O BOX 1389
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name TAYLOR, BRYAN
Address P.O BOX 1389
City-State-Zip: ST. AUGUSTINE FL 32085

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.

SIGNATURE: TROY TOWSLEY

PRESIDENT

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date