Entity Name: AMELIA BLUFF HOMEOWNERS AS Current Principal Place of Business: 463499 SR 200 YULEE, FL 32097	SOCIATION, INC.	Secretary 5375485	
Current Mailing Address:			
PO BOX 1987 YULEE, FL 32041-1987 US			
FEI Number: 87-2335318		Certificate of Status Desi	red: No
Name and Address of Current Registered Agent:			
PROPERTY MANAGEMENT SYSTEM INC			
463499 SR 200 YULEE, FL 32097 US			
463499 SR 200	ng its registered office or regis	tered agent, or both, in the State of Flo	rida.
463499 SR 200 YULEE, FL 32097 US	ing its registered office or regis	tered agent, or both, in the State of Flo	rida. 04/26/2022
463499 SR 200 YULEE, FL 32097 US The above named entity submits this statement for the purpose of changing	ng its registered office or regis	tered agent, or both, in the State of Flo	
463499 SR 200 YULEE, FL 32097 US The above named entity submits this statement for the purpose of changing SIGNATURE: SCOTT STEFFEN	ing its registered office or regis	tered agent, or both, in the State of Flo	04/26/2022
463499 SR 200 YULEE, FL 32097 US The above named entity submits this statement for the purpose of changing SIGNATURE: SCOTT STEFFEN Electronic Signature of Registered Agent	ng its registered office or regist	tered agent, or both, in the State of Flo	04/26/2022
463499 SR 200 YULEE, FL 32097 US The above named entity submits this statement for the purpose of changing SIGNATURE: <u>SCOTT STEFFEN</u> Electronic Signature of Registered Agent Officer/Director Detail :			04/26/2022
463499 SR 200 YULEE, FL 32097 US The above named entity submits this statement for the purpose of change SIGNATURE: SCOTT STEFFEN Electronic Signature of Registered Agent Officer/Director Detail : Title PD	Title	т	04/26/2022

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N2000008332

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: JOHN WILLIAM MORRIS

PRESIDENT

04/26/2022

FILED Apr 26, 2022

Electronic Signature of Signing Officer/Director Detail