

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 728467 (2)
1. Corporation Name
FIDDLER'S BEND VILLAS ASSOCIATION, INCORPORATED



Principal Place of Business C/O AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY AMELIA ISLAND FL 32034	Mailing Address C/O AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY AMELIA ISLAND FL 32034
--	--

3. Date Incorporated or Qualified 12/21/1973	3a. Date of Last Report 05/01/1996
--	--

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Country

4. FEI Number 52-1046213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**AMELIA ISLAND MANAGEMENT
AMELIA ISLAND PLANTATION
3000 FIRST COAST HIGHWAY
AMELIA ISLAND FL 32034**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, RICHARD	
STREET ADDRESS	3418 FIDDLERS BEND	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	WAGNER, RICHMOND	
STREET ADDRESS	3405 SEA MARSH RD	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	O'DONOGHUE, SIDNEY	
STREET ADDRESS	3429 FIDDLERS BEND VILLAS	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINSHIP, ELIZABETH	
STREET ADDRESS	3434 FIDDLER'S BEND	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BECK, WILLIAM S	
STREET ADDRESS	3431 FIDDLER'S BEND	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	O'DONOGHUE, SIDNEY	
1.3 STREET ADDRESS	3429 FIDDLER'S BEND VILLAS	
1.4 CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WAGNER, RICHMOND	
2.3 STREET ADDRESS	3405 SEA MARSH RD	
2.4 CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EASTER, FRED	
3.3 STREET ADDRESS	3418 SEA MARSH RD	
3.4 CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROLLINS, JIM	
4.3 STREET ADDRESS	3402 SEA MARSH RD	
4.4 CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sidney O'Donoghue* **SIDNEY O'DONOGHUE (SD)** 261 8319
3/5/97

CR2E037 (9/96)