

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90081 030 \*\*\*\*61.25

**DOCUMENT # 728467**

1. Entity Name

**FIDDLER'S BEND VILLAS ASSOCIATION, INCORPORATED**

Principal Place of Business

Mailing Address

**C/O AMELIA ISLAND MANAGEMENT  
3000 FIRST COAST HWY  
AMELIA ISLAND FL 32034**

**C/O AMELIA ISLAND MANAGEMENT  
3000 FIRST COAST HWY  
AMELIA ISLAND FL 32034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**52-1046213**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMELIA ISLAND MANAGEMENT  
AMELIA ISLAND PLANTATION  
3000 FIRST COAST HIGHWAY  
AMELIA ISLAND FL 32034**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  
NAME **O'DONOGHUE, SIDNEY**  
STREET ADDRESS **3429 FIDDLER'S BEND VILLAS**  
CITY-ST-ZIP **AMELIA ISLAND FL**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD**  
NAME **WAGNER, RICHMOND**  
STREET ADDRESS **3405 SEA MARSH RD**  
CITY-ST-ZIP **AMELIA ISLAND FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D**  
NAME **CARTER, BECKY**  
STREET ADDRESS **3403 SEA MARSH**  
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **STD**  
NAME **EASTER, FRED**  
STREET ADDRESS **3418 SEA MARSH RD.**  
CITY-ST-ZIP **AMELIA ISLAND FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD**  
NAME **ROLLINS, JIM**  
STREET ADDRESS **3402 SEA MARSH RD.**  
CITY-ST-ZIP **AMELIA ISLAND FL**

☐ Delete

TITLE **D**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE **D**  
NAME **LATIMER, HUGH**  
STREET ADDRESS **3238 SEA MARSH RD**  
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

☐ Delete

TITLE **PD**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

12. I 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 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 617, 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:

**HUGH LATIMER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/02/00 904/261-8282**

Date

Daytime Phone #