

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739250 (9)
1. Corporation Name
AMELIA WOODS BEACH AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2700 MIZELL ST FERNANDINA BCH FL 32034	Mailing Address 2700 MIZELL ST FERNANDINA BCH FL 32034
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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SAME AS ABOVE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/10/1977	3a. Date of Last Report 03/17/1994
4. FEI Number 59-1927137	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RIO, NICKY
2700 MIZELL ST. #401B
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SORRENTINO, D.
STREET ADDRESS	2423 LOS ROBLES DR.
CITY, ST, ZIP	FERNANDINA BCH FL 00000
TITLE	D
NAME	MARTIN, HILDA
STREET ADDRESS	2700 MIZELL ST #803
CITY, ST, ZIP	FERNANDINA BCH, FL 00000
TITLE	DV
NAME	MORCH, TRIER
STREET ADDRESS	2700 MIZELL ST. #202B
CITY, ST, ZIP	FERNANDINA BCH, FL 00000
TITLE	D
NAME	CATE, HELLIO
STREET ADDRESS	2700 MIZELL ST #603B
CITY, ST, ZIP	FERNANDINA BCH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	N/A
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	N/A
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DIRECTOR LAWRENCE PRATT
33 STREET ADDRESS	2700 MIZELL ST #102A
34 CITY, ST, ZIP	FERNANDINA BCH, FL 32034
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DIRECTOR CATE HOLLIS
43 STREET ADDRESS	115 TERESSA DR
44 CITY, ST, ZIP	STATESBORO GA 30458
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	DIRECTOR JOE MURPHY
53 STREET ADDRESS	103 SEA MARSH RD.
54 CITY, ST, ZIP	AMELIA ISLAND FERNANDINA FL 32034
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 applicable, or on an attachment with my address.

SIGNATURE: X *Lawrence Pratt* **Lawrence Pratt** 5-1-95
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)