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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

739250

(9)

AMELIA WOODS BEACH AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2700 MIZELL ST FERNANDINA BCH FL 32034

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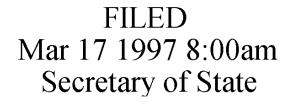
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2700 MIZELL ST

FERNANDINA BCH FL 32034-4592





3a. Date of Last Report 05/22/1996

3. Date Incorporated or Qualified 06/10/1977

| 2. Principal Pl | ace of Business | Business 2a. Mailing Address | | | 4. FEI Number | | | | Applied For | | |
|---|--|----------------------------------|---------------|---|---|---------------------|--------------------|------------------|--------------------|--------------|--|
| 21 | 26 | | | | | 59-1 | 927137 | | No | t Applicable | |
| Sulte, Apt. | #, etc. Suite, Apt. #, etc. 27 | | | | | 5. Certificate | of Status Desire | ed 🗌 | \$8.75 / Fee Re | | |
| City & State | City & State City & State | | | | | 6. Election C | ampaign Financ | ing | \$5.00 | May Be | |
| 28 | | | | | | Trust Fun | d Contribution | | Added | | |
| Zip | ├ ┐ | | Country | or this corporation rate in a little in a | | | e tax under s | 199.032, | | | |
| 24 25 29 30 | | | | Florida Statutes Yes No | | | | | | | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | | | | |
| E. ANN Proctor | | | | | Name ANN Proctor 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 2700 MIZELL STREET | | | | | 2700 MITELL STREET | | | | | | |
| WHICH OFFICE | | | | |) (= | -10- | | | | | |
| FERNANDINA BEACH FL 32034 | | | | | 17-1 | -ree | | | 7:- 7:- 1 | 20.00 | |
| | | | | | FRN | FICE ANDINA | BoH | FI | 85 Zip (| 034L | |
| 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the abo | | | | | corpo | ration submits | his statement for | the purpose | of changing it | s redistered | |
| 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 L. Am Procta 3/10/97 | | | | | | | | | | | |
| SIGNATURE _ | Signature, typed or printed name of registored agent | and tile if applicable. (NOTE | Registered Ag | ent signature | required | d when reinstating) | | DATE | 7.7. | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS | CHANGES TO | OFFICERS AN | ID DIRECTOR | S IN 12 | |
| TITLE | PD | DELETE | 1.1 TITLE | | | | | | ☐ Change | ☐ Addition | |
| NAME. | | | 1.2 NAME | | RE | INHART | LL St. | | | | |
| STREET ADDRESS | 2423 LOS ROBLES DR. | | 1.3 STREE | 1.3 STREET ADDRESS 276 | | OO MIZE | LL St. A | # 704 | | | |
| CITY-ST-ZIP | FERNANDINA BCH FL 00000 | | 1.4 CITY - 5 | | FEI | RNANDINA | BCH, FL | . 32034 | | | |
| TITLE | D | DELETE | 2.1 TITLE | | | | | | Change | Addition | |
| NAME | MARTIN, HILDA | | 2.2 NAME | | | | | | | | |
| STREET ADDRESS | AA AA AA | | 2.3 STREET | r address | | | | | | | |
| CITY-ST-ZIP | The state water and the state of the state o | | 2. 4 CITY- | ST-ZIP | | | | | | | |
| TITLE | D | DELETE | 3.1 TITLE | | | | | | Change | Addition | |
| NAME | LAWRENCE, PRATT | | 3.2 NAME | | i | | | | | | |
| STREET ADDRESS | America Assertation Control of the C | | 3 3 STREET | ADDRESS | | | | | | - | |
| CITY-\$T-ZIP | | | 3.4. CITY- | ST-ZIP | | | | | | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | | | | | Change | Addition | |
| NAME | HOLLIS, CATE | 4.21 | | | | | | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | ' | | | | | ĺ | |
| CITY-ST-ZIP | | | | ST-ZIP | | | | | | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | | | | | Change | Addition | |
| NAME | MALLOY, WILLIAM | | 5.2 NAME | ľ | | | | | | ľ | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | FERNANDINA BCH FL | | 5.4 CITY-5 | 1 | | | | | | | |
| TITLE | <u> </u> | DELETE | 61 TITLE | | | | | | Change | Addition | |
| NAME | | | 6.2 NAME | ł | | | | | | } | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY - 5 | 1 | | | | | | Ì | |
| 14. I do hereb | by certify that the information supplied | with this filing does not qualif | y for the exe | mption s | lated i | in Section 119.0 | 7(3)(i), Florida S | tatutes. I furth | er 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 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 | | | | | | | | | | | |