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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 739250

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



| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 | 26 | 06/10/1977 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 | 27 | 59-1927137 |
| City & State | City & State | Applied For |
| 23 | 28 | Not Applicable |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> |
| 24 | 25 | \$8.75 Additional Fee Required |
| 29 | 30 | 6. Election Campaign Financing <input type="checkbox"/> |
| | | \$5.00 May Be Added to Fees |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| PROCTOR, ANN E 2700 MIZELL STREET SUITE 701 FERNANDINA BEACH FL 32034 | 81 Name: LAWRENCE PRATT 82 Street Address (P.O. Box Number is Not Acceptable): 2700 MIZELL STREET 83 #103A 84 City: FERNANDINA BEACH FL 85 Zip Code: 32034 |

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: *Lawrence Pratt* LAWRENCE PRATT PRESIDENT 1-26-99
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE: D | <input type="checkbox"/> DELETE | 1.1 TITLE: SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: REINHART, D. | | 1.2 NAME: | |
| STREET ADDRESS: 2700 MIZELL ST., #704 | | 1.3 STREET ADDRESS: | |
| CITY-ST-ZIP: FERNANDINA BEACH FL | | 1.4 CITY-ST-ZIP: | |
| TITLE: D | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE: TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: MARTIN, HILDA | | 2.2 NAME: EDNA JANOWSKI | |
| STREET ADDRESS: 2700 MIZELL ST #803 | | 2.3 STREET ADDRESS: 2700 MIZELL STREET | |
| CITY-ST-ZIP: FERNANDINA BCH, FL 00000 | | 2.4 CITY-ST-ZIP: FERNANDINA BEACH, FL. 32034 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: D | <input type="checkbox"/> DELETE | 3.1 TITLE: PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: LAWRENCE, PRATT | | 3.2 NAME: | |
| STREET ADDRESS: 2700 MIZELL ST 103A | | 3.3 STREET ADDRESS: | |
| CITY-ST-ZIP: FERNANDINA BCH, FL 00000 | | 3.4 CITY-ST-ZIP: | |
| TITLE: D | <input type="checkbox"/> DELETE | 4.1 TITLE: DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: HACKEL, TOM | | 4.2 NAME: | |
| STREET ADDRESS: 2700 MIZELL ST. #804 | | 4.3 STREET ADDRESS: | |
| CITY-ST-ZIP: FERNANDINA BEACH FL 32034 | | 4.4 CITY-ST-ZIP: | |
| TITLE: D | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE: VICE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: MCDONALD, HENRY | | 5.2 NAME: JAMES P.O'CONNER | |
| STREET ADDRESS: 2700 MIZELL ST. #603B | | 5.3 STREET ADDRESS: 2700 MIZELL STREET | |
| CITY-ST-ZIP: FERNANDINA BEACH FL 32034 | | 5.4 CITY-ST-ZIP: FERNANDINA BEACH, FL. 32034 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: | <input type="checkbox"/> DELETE | 6.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 6.2 NAME: | |
| STREET ADDRESS: | | 6.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 6.4 CITY-ST-ZIP: | |

14. 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 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 with all other like empowered.

SIGNATURE: *Lawrence Pratt* LAWRENCE PRATT PRESIDENT 321-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)