

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90076 038 ****61.25

DOCUMENT # 739250

1. Entity Name

AMELIA WOODS BEACH AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

**2700 MIZELL ST
 FERNANDINA BCH FL 32034** **2700 MIZELL ST
 FERNANDINA BCH FL 32034**


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

20006963



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For

59-1927137 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRATT, LAWRENCE
 2700 MIZELL STREET
 #103A
 FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

Name **Loper, Alvin K.**

Street Address (P.O. Box Number is Not Acceptable)
**2700 Mizell St.
 # 903**

City **Fernandina Beach** FL Zip Code **32034**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alvin K. Loper* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REINHART, D. 2700 MIZELL ST., #704 FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FESPERMAN, T 1001 CORAL ROAD WAYCROSS GA 31501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWRENCE, PRATT 2700 MIZELL ST 103A FERNANDINA BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HACKEL, TOM 2700 MIZELL ST, #804 FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KALAFUS, RICHARD 2700 MIZELL STREET #401B FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Loper, Alvin K. 2700 Mizell St. # 903 Fernandina Beach, FL. 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jacobsen, Quen 4110 Columns Dr. Marietta, Ga. 30067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alvin K. Loper* Alvin K. Loper 1/27/05

DATE DAYTIME PHONE #