

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90042 006 ****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 2700 MIZELL ST
FERNANDINA BCH FL 32034 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

4. FEI Number **59-1927137** Applied For
Not Applicable
5. Certificate of Status Desired - **\$8.75** Additional-
Fee Required

1st MOORE CR2E037 (10/05)



6. Name and Address of Current Registered Agent
LOPER, ALVIN K
2700 MIZELL STREET
#903
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	STD	<input type="checkbox"/> Delete
NAME	REINHART, D.	
STREET ADDRESS	2700 MIZELL ST., #704	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	FESPERMAN, T	
STREET ADDRESS	1001 CORAL ROAD	
CITY-ST-ZIP	WAYCROSS GA 31501	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOPER, ALVIN K	
STREET ADDRESS	2700 MIZELL STREET #903	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBSEN, QUEN	
STREET ADDRESS	4110 COLUMNS DRIVE	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KALAFUS, RICHARD	
STREET ADDRESS	2700 MIZELL STREET #401B	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paula Ibbitson Lewis	
STREET ADDRESS	2700 Mizell St. # 701	
CITY-ST-ZIP	Fernandina Beach, FL. 32034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*