


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90061 001 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 763413</b>					
1. Corporation Name <b>SEAGATE OF AMELIA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>316 S FLETCHER STE C FERNANDINA BEACH FL 32034 US</b>			Mailing Address <b>1118 WOODS RD WAYCROSS GA 31501 US</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/24/1982</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CONE, PAULA 316 S FLETCHER STE C FERNANDINA BEACH FL 32034</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CONE, J P JR		1.2 NAME				
STREET ADDRESS	1118 WOODS RD		1.3 STREET ADDRESS				
CITY-ST-ZIP	WAYCROSS GA 31501		1.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CANTRELL, WILLIAM		2.2 NAME	D Shroads David			
STREET ADDRESS	111 RIVER OAKS DR		2.3 STREET ADDRESS	3918 Pbisades Dr			
CITY-ST-ZIP	BLACKSHER GA 31576		2.4 CITY-ST-ZIP	Weirton W.V. 26062			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CARNET, RUA		3.2 NAME				
STREET ADDRESS	2010 OAK VIEW DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	SEVIERVILLE TN 37876		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JENSEN, SCOTT		4.2 NAME				
STREET ADDRESS	P O BOX 238		4.3 STREET ADDRESS				
CITY-ST-ZIP	HILLIARD FL 32046		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
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: *Paula Cone* SIGNATURE REQUIRED: *Paula Cone* 1/7/99 912-283-6465  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)