

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90017 047 ****61.25

0013708

DOCUMENT # N00000002818

1. Entity Name
OCEAN CAY AT AMELIA ISLAND HOMEOWNERS ASSOCIATIO

Principal Place of Business 12854 KENAN DRIVE #100 JACKSONVILLE FL 32258	Mailing Address 12854 KENAN DRIVE #100 JACKSONVILLE FL 32258
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2. Principal Place of Business 2215 East S.R. 200	3. Mailing Address P.O. Box 1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Yulee, FL	City & State Yulee, FL	4. FEI Number 59-3676709	Applied For <input type="checkbox"/> Not Applicable
Zip 32097	Country NASSAU.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEARD, WIRT A JR.
12854 KENAN DRIVE
SUITE 100
JACKSONVILLE FL 32258

7. Name and Address of New Registered Agent

Name: **Terrell J Powell**

Street Address (P.O. Box Number is Not Acceptable)
2215 E SR. 200

City: **Yulee** FL Zip Code: **32097**

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.

SIGNATURE **X Terrell J. Powell** **Terrell J. Powell** **3-14-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PANITZ, SANDRA E 12854 KENAN DRIVE #100 JACKSONVILLE FL 32258	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEARD, WIRT A JR. 12854 KENAN DRIVE #100 JACKSONVILLE FL 32258	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PRINZI, MICHELE M 12854 KENAN DRIVE #100 JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	S.T.D. LINDA B. HARPER 12854 Kenan Drive #100 Jacksonville, FL 32258	<input checked="" 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
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: **X Linda B Harper** **3-29-01** **904-2259070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)