

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004751

1. Entity Name

AMELIA PARK TOWN CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O MR. MICHAEL ANTONOPOULOS  
2021 ART MUSEUM DRIVE #210  
JACKSONVILLE FL 32207

C/O MR. MICHAEL ANTONOPOULOS  
2021 ART MUSEUM DRIVE #210  
JACKSONVILLE FL 32207



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2215 E. STATE ROAD 200

Suite, Apt. #, etc.

3. Mailing Address

PO-BOX-1987

Suite, Apt. #, etc.

YULEE FL  
City & State

YULEE FL  
City & State

4. FEI Number

59-3729730

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANTONOPOULOS, MICHAEL MR.  
2021 ART MUSEUM DRIVE  
SUITE 210  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

TERRELL J. POWELL

Street Address (P.O. Box Number is Not Acceptable)

2215 E. State Road 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

*Terrell J. Powell* Terrell J. Powell

4.3.02

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.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
NAME	P/D Embry, Joel
STREET ADDRESS	1812 Highland Drive
CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP/D Howell, William R.
STREET ADDRESS	4167 Ortega Blvd.
CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST/D Antonopoulos, Michael
STREET ADDRESS	3752 Pinckney Island Court
CITY-ST-ZIP	Jacksonville FL 32224
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	

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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)