SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -6 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004216 (8)

1 Corporation Name

OCEAN WALK OF AMELIA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9452 PHILLIPS HIGHWAY SUITE 6 JACKSONVILLE FL 32256	9452 PHILLIPS HIGHWAY SUITE 6 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1993
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3216836 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. [illegible] ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25

8. This corporation has [illegible] Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 9210 Cypress Green Dr	26 9210 Cypress Green Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 n/a	27 n/a
City & State	City & State
23 Jacksonville, FL	28 Jacksonville, FL
Zip / County	Zip / County
24 32256 / 25 Duval	29 32256 / 30 Duval

9 Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY PA
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202

10 Name and Address of New Registered Agent

81 Name: C. Guy Bond, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 121 West Forsyth St. Ste. 600
83
84 City: Jacksonville FL 85 Zip Code: 32202

11 Pursuant to the provisions of Section 617.0502 and 617.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, [illegible] 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 [illegible] Section 617.0501, Florida Statutes.

SIGNATURE: [signature] 6/29/95
[illegible] Registered Agent [illegible] DATE

12 OFFICERS AND DIRECTORS		13 [illegible]	
TITLE	PSTD	TITLE	☒ Change ☐ Addition
NAME	CRISP, DANIEL T III	NAME	
STREET ADDRESS	9452 PHILLIPS HWY #6	STREET ADDRESS	9210 Cypress Green Dr.
CITY ST ZIP	JACKSONVILLE FL	CITY ST ZIP	Jacksonville, FL 32256
TITLE	VPD	TITLE	☒ Change ☐ Addition
NAME	CRISP, DALE K	NAME	
STREET ADDRESS	9452 PHILLIPS HWY #6	STREET ADDRESS	9210 Cypress Green Dr.
CITY ST ZIP	JACKSONVILLE FL	CITY ST ZIP	Jacksonville, FL 32256
TITLE	VD	TITLE	☒ Change ☐ Addition
NAME	CRISP, DARRYL W	NAME	
STREET ADDRESS	9452 PHILLIPS HWY. #6	STREET ADDRESS	9210 Cypress Green Dr.
CITY ST ZIP	JACKSONVILLE FL 32256	CITY ST ZIP	Jacksonville, FL 32256
TITLE	VD	TITLE	☒ Change ☐ Addition
NAME	CRISP, DAVID K	NAME	
STREET ADDRESS	9452 PHILLIPS HWY. #6	STREET ADDRESS	9210 Cypress Green Dr.
CITY ST ZIP	JACKSONVILLE FL 32256	CITY ST ZIP	Jacksonville, FL 32256
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14 I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an [illegible]

SIGNATURE: Daniel T. Crisp, III 6-22-95 904/731-8177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E037 (3/95)

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