

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000004216 (8)**

1. Corporation Name

**OCEAN WALK OF AMELIA HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

9210 CYPRESS GREEN DRIVE  
SUITE 6  
JACKSONVILLE FL 32256  
US

9210 CYPRESS GREEN DRIVE  
SUITE 6  
JACKSONVILLE FL 32256  
US

3. Date Incorporated or Qualified  
**09/17/1993**

3a. Date of Last Report  
**07/06/1995**

2. Principal Place of Business

2a. Mailing Address

21 **18 Beachwood Rd**

26 **P.O. Box 6250**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Amelia Island, FL**

28 **Amelia Island, FL**

Zip

Country

Zip

Country

24 **32034**

25 **Nassau**

29 **32035**

30 **Nassau**

4. FEI Number

**59-3216836**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C. GUY BOND, ESQ**  
**121 WEST FORSYTH STREET, SUITE 600**  
**SUITE-1800 Delete**  
**JACKSONVILLE FL 32202**

81

Name

82

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

83

84

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PSTD**  
**CRISP, DANIEL T III**  
STREET ADDRESS **9210 CYPRESS GREEN DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **VPD**  
**CRISP, DALE K**  
STREET ADDRESS **9210 CYPRESS GREEN DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **VD**  
**CRISP, DARRYL W**  
STREET ADDRESS **9210 CYPRESS GREEN DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **VD**  
**CRISP, DAVID K**  
STREET ADDRESS **9210 CYPRESS GREEN DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **18 Beachwood Rd**  
1.4 CITY-ST-ZIP **Amelia Is, FL 32034**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS **18 Beachwood Rd**  
2.4 CITY-ST-ZIP **Amelia Is, FL 32034**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS **18 Beachwood Rd**  
3.4 CITY-ST-ZIP **Amelia Is, FL 32034**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS **18 Beachwood Rd**  
4.4 CITY-ST-ZIP **Amelia Is, FL 32034**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-2-96**

Date

**904 277 6867**

Daytime Phone #

CR2E037 (12/95)