

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004216

1. Entity Name

OCEAN WALK OF AMELIA HOMEOWNERS' ASSOCIATION, IN

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90633 019 ****61.25

Principal Place of Business

2215 EAST SR 200
YULEE FL 32097
US

Mailing Address

P.O. BOX 1987
YULEE FL 32041-1987
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3216836

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWELL, TERRELL J
2215 EAST SR 200
YULEE FL 32097

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

June 21, 2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LECKIE, ROBERT	
STREET ADDRESS	4941 SPANISH OAKS CIRCLE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KARR, DICK	
STREET ADDRESS	4925 SPANISH OAKS CIRCLE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOUD, DEBBIE	
STREET ADDRESS	4976 SPANISH OAKS CIR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REBENAK, BILL	
STREET ADDRESS	4922 SPANISH OAKS CIR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	REDDING, BETTY	
STREET ADDRESS	4917 SPANISH OAKS CIR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Silver	
STREET ADDRESS	4937 Spanish Oaks Circle	
CITY-ST-ZIP	Fernandina Beach FL 32034	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike McGown	
STREET ADDRESS	4929 Spanish Oaks Circle	
CITY-ST-ZIP	Fernandina Beach FL 32034	
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		
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:

Steve Silver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 Jun 00 07-277-6741

Date

Daytime Phone #

CR2E037 (9/99)