

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-09-2001 90016 050 ****61.25

DOCUMENT # N93000004216

1. Entity Name

OCEAN WALK OF AMELIA HOMEOWNERS' ASSOCIATION, IN

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

Zip

Country

Zip

Country

4. FEI Number **59-3216836**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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
 Terrell J. Powell

3-14-01

Signature typed or printed name of registered agent, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

| | | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Claudia Watts 4918 Spanish Oaks Circle Fernandina Bch, Fl. 32034 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1st VP D Catherine D. Kawecky 4999 Spanish Oaks Circle Fernandina Bch, Fl. 32034 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2nd VP D Maureen Massing 4965 Spanish Oaks Circle Fernandina Bch, Fl. 32034 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D Beverly M. Meyer 4973 Spanish Oaks Circle Fernandina Bch, Fl. 32034 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Joyce Hillis 4909 Spanish Oaks Circle Fernandina Bch, Fl. 32034 | <input type="checkbox"/> Change <input checked="" 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: **SIGNATURE REQUIRED** 4-2-01 9104 225-9070

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

CR2E037 (10/00)