

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90019 037 \*\*\*\*61.25

**DOCUMENT # N93000004216**

1. Entity Name

**OCEAN WALK OF AMELIA HOMEOWNERS' ASSOCIATION, IN C.**

Principal Place of Business

Mailing Address

**2215 EAST SR 200  
YULEE FL 32097  
US**

**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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **WATTS, CLAUDIA**  
STREET ADDRESS **4918 SPANISH OAKS CIRCLE**  
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **P/D** ☐ Change ☒ Addition  
NAME **KARR, KATIE**  
STREET ADDRESS **4925 SPANISH OAKS CIR**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **1VPD** ☒ Delete  
NAME **KAWECKI, CATHERINE D**  
STREET ADDRESS **4999 SPANISH OAKS CIRCLE**  
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **VP/D** ☐ Change ☒ Addition  
NAME **REDDING, RON**  
STREET ADDRESS **4917 SPANISH OAKS CIR**  
CITY-ST-ZIP **FERNANDINA BEACH, FL. 32034**

TITLE **2VPD** ☒ Delete  
NAME **MASSING, MAUREEN**  
STREET ADDRESS **4965 SPANISH OAKS CIRCLE**  
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **VP/D** ☐ Change ☒ Addition  
NAME **CUTLER, BILL**  
STREET ADDRESS **4968 SPANISH OAKS CIR**  
CITY-ST-ZIP **FERNANDINA BEACH, FL. 32034**

TITLE **SD** ☒ Delete  
NAME **MEYER, BEVERLY M**  
STREET ADDRESS **4973 SPANISH OAKS CIRCLE**  
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **S/D** ☐ Change ☒ Addition  
NAME **VON MOHR, PAUL**  
STREET ADDRESS **4949 SPANISH OAKS CIR**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **TD** ☒ Delete  
NAME **HILLIS, JOYCE**  
STREET ADDRESS **4909 SPANISH OAKS CIRCLE**  
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **T/D** ☐ Change ☒ Addition  
NAME **HOOKS, CHARLIE**  
STREET ADDRESS **4964 SPANISH OAKS CIR**  
CITY-ST-ZIP **FERNANDINA BEACH, FL. 32034**

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-9-02*

*321-0304*

CR2E037 (9/01)