

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004216

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: OCEAN WALK OF AMELIA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

463499 STATE ROAD 200  
YULEE, FL 32097 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1987  
YULEE, FL 320411987 US

**New Mailing Address:**

FEI Number: 59-3216836      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POWELL, TERRELL J  
463499 STATE ROAD 200  
YULEE, FL 32097 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: BASORE, TOM  
Address: 4961 SPANISH OAKS CIRCLE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: V/D ( ) Delete  
Name: MCCOLLUM, JIM  
Address: 4995 SPANISH OAKS CIRCLE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: V/D ( ) Delete  
Name: WEST, WALT  
Address: 4981 SPANISH OAKS CIRCLE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S/D ( ) Delete  
Name: JONES, DON  
Address: 4941 SPANISH OAKS CIRCLE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T/D ( ) Delete  
Name: BEEMAN, DAVID  
Address: 4938 SPANISH OAKS CIRCLE  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM BASORE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P/D

04/22/2005

\_\_\_\_\_  
Date