

**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 # **N94000003587 (2)**

1. Corporation Name

**LAKEWOOD OF AMELIA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

2016 BONNIE OAKS DR.  
FERNANDINA BCH FL 32034

2016 BONNIE OAKS DR.  
FERNANDINA BCH FL 32034

3. Date Incorporated or Qualified **07/20/1994** 3a. Date of Last Report **06/21/1995**

2. Principal Place of Business  
21 **2215 E. State Rd 200**  
Suite, Apt. #, etc.  
22  
City & State **Yulee FL**  
23  
Zip **32097** Country **US**  
24  
25 **FL**  
26 **Po Box 1987**  
Suite, Apt. #, etc.  
27  
City & State **Yulee FL**  
28  
Zip **32097-1987** Country **US**  
29  
30

4. FEI Number **59-3334961**  
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

~~CORPORATION INFORMATION SERVICES INC.~~  
~~1201 HAYS ST.~~  
~~TALLAHASSEE FL 32301~~

81 Name **Terrall J. Powell**  
82 Street Address (P.O. Box Number is Not Acceptable) **2215 E. State Rd 200**  
83  
84 City **Yulee** FL 85 Zip Code **32097-1987**

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 *Terrall J. Powell* **Terrall J. Powell** **3-1-96**  
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	DP	<input checked="" type="checkbox"/> DELETE
NAME	MCCULLAR, H. ANTHONY	
STREET ADDRESS	160 CLAIREMONT AVE, SUITE 150	
CITY - ST - ZIP	DECATUR GA 30030	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	EMBRY, JOEL E	
STREET ADDRESS	2955 HARTLEY RD., STE. 106A	
CITY - ST - ZIP	JACKSONVILLE FL 32257	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LYNCH, KIMBERLY	
STREET ADDRESS	2955 HARTLEY RD., STE. 106A	
CITY - ST - ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Vernon V. Ferguson	
1.3 STREET ADDRESS	1902 Inverness Rd	
1.4 CITY - ST - ZIP	Fernandina Beach FL 32034	
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kelly M. Moorman	
2.3 STREET ADDRESS	2108 Whitfield Dr	
2.4 CITY - ST - ZIP	Fernandina Beach FL 32034	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Edward Pitron	
3.3 STREET ADDRESS	1608 Peabrook Dr	
3.4 CITY - ST - ZIP	Fernandina Beach FL 32034	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 unchanged, or on an attachment with an address.

SIGNATURE: *Vernon V. Ferguson* **Vernon V. Ferguson** **3/1/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)