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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 2215 EAST STATE ROAD 200, YULEE FL 32097, US
Mailing Address: P.O. BOX 1987, YULEE FL 32041-1987, US

3. Date Incorporated or Qualified: 07/20/1994
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 59-3334961		Applied For: Not Applicable	
21		26		5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Zip					
24		29					
Country		Country					
25		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POWELL, TERRELL J 2215 EAST STATE ROAD 200 YULEE FL 32097				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGUSON, VERNON V	1.2 NAME	JOHN E PITRON
STREET ADDRESS	1902 INVERNESS ROAD	1.3 STREET ADDRESS	1608 PENBROOK DR
CITY-ST-ZIP	FERNANDINA BEACH FL	1.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORMAN, KELLY M	2.2 NAME	TOM GABEHART
STREET ADDRESS	2108 WHITFIELD DRIVE	2.3 STREET ADDRESS	2148 WHITFIELD DR
CITY-ST-ZIP	FERNANDINA BEACH FL	2.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITRAN, JOHN E	3.2 NAME	WENDY KENNEDY
STREET ADDRESS	1608 PENBROOK DRIVE	3.3 STREET ADDRESS	2229 CAPTAIN KIDD DR
CITY-ST-ZIP	FERNANDINA BEACH FL	3.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	BOB SECREST
STREET ADDRESS		4.3 STREET ADDRESS	2212 WILL HARDEE RD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	CHRIS INSERRA
STREET ADDRESS		5.3 STREET ADDRESS	2201 CAPTAIN KIDD DR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* JOHN E PITRON 2-17-97

CR2E037 (9/96)