

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

0089327

DOCUMENT # N94000003587

1. Entity Name

LAKEWOOD OF AMELIA HOMEOWNERS ASSOCIATION, INC.

04-11-2001 90027 024 ****61.25

Principal Place of Business

2215 EAST STATE ROAD 200
 YULEE FL 32097
 US

Mailing Address

P.O. BOX 1987
 YULEE FL 32097-1987
 US

U T O O L O



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3334961

Applied For

Not Applicable

Zip

Country

Zip

Country

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 STATE ROAD 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	D	<input checked="" type="checkbox"/> Delete
NAME	SILVA, JOHN	
STREET ADDRESS	1517 PENBROOK DR	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, WENDY	
STREET ADDRESS	2229 CAPTAIN KIDD DR	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	INSERRA, CHRIS	
STREET ADDRESS	2201 CAPTAIN KIDD DR	
CITY-ST-ZIP	FERNANDINA BEACH FL	
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		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM COTE-MEROW	
STREET ADDRESS	1508 PENBROOK DR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYAN LEE	
STREET ADDRESS	1702 INVERNESS RD	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS INSERRA	
STREET ADDRESS	2201 CAPTAIN KIDD DR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUART BURNLEY	
STREET ADDRESS	2136 PURCELL DR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL TAYLOR	
STREET ADDRESS	1719 CRESCENT RD	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Tom Cote-Merow* **TOM COTE-MEROW**

3/30/2001

904-261-4052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)