

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90021 013 \*\*\*\*61.25

**DOCUMENT # N94000003587**

1. Entity Name

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

Principal Place of Business

Mailing Address

**2215 EAST STATE ROAD 200  
 YULEE FL 32097  
 US**

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

2. Principal Place of Business

3. Mailing Address

*P.O. Box 1987*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Yulee FL*

4. FEI Number

**59-3334961**

Applied For

Not Applicable

Zip

Country

Zip

Country

*32041-1987*

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  Delete  
 NAME **PD COTE-MEROW, TOM**  
 STREET ADDRESS **1508 PENBROOK DRIVE**  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME ~~**VD LEE, BRYAN**~~  
 STREET ADDRESS ~~**1702 INVERNESS RD**~~  
 CITY-ST-ZIP ~~**FERNANDINA BEACH FL 32034**~~ *(MOVED)*

TITLE  Change  Addition  
 NAME **VP JENKINS, DAVID**  
 STREET ADDRESS **364 PENBROOK DR.**  
 CITY-ST-ZIP **FERNANDINA BCH 32034-7974**

TITLE  Delete  
 NAME **SD INSERRA, CHRIS**  
 STREET ADDRESS **2201 CAPTAIN KIDD DR**  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD BURNLEY, STUART**  
 STREET ADDRESS **2136 PURCELL DRIVE**  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D TAYLOR, BILL**  
 STREET ADDRESS **1719 CRESCENT ROAD**  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

*03/10/02*

*261-4052*

CR2E037 (9/01)