


FILE NOW: FILING FEE IS \$61.25

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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90053 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 724240					
1. Corporation Name AMELIA BY THE SEA, INC.					
Principal Place of Business 3240 SOUTH FLETCHER AVENUE FERNANDINA BEACH FL 32034			Mailing Address 3240 SOUTH FLETCHER AVENUE FERNANDINA BEACH FL 32034		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/30/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1513985	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
OSBOURNE, GEORGE JR 3240 S FLETCHER AVE FERNANDINA BEACH FL 32034				81 Name DAVID GREGORY LEAM, CMAA	
				82 Street Address (P.O. Box Number is Not Acceptable) AMELIA ISLAND MGMT	
				83	
				84 City AMELIA ISLAND FL 85 Zip Code 32035	
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 <i>Ronald Howard</i>				DATE 1-8-98	
12. OFFICERS AND DIRECTORS					
TITLE	D	<input checked="" type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	THOMAS, DARRELL			1.1 TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	RT 4 BOX 490			1.2 NAME BETTY BELL UNIT 330	
CITY-ST-ZIP	BLACKSHEAR GA			1.3 STREET ADDRESS 3290 S. FLETCHER AV	
				1.4 CITY-ST-ZIP FERNANDINA BEACH FL 32034	
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE WILLIAM AULD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELDON, DAVIS			2.2 NAME DIRECTOR	
STREET ADDRESS	1713 LE BOIS DRIVE			2.3 STREET ADDRESS 1378 MARION DR	
CITY-ST-ZIP	JACKSONVILLE FL 32221			2.4 CITY-ST-ZIP FERNANDINA BEACH FL 32034	
TITLE	VP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANCASTER, JEROME			3.2 NAME RON HARWARD	
STREET ADDRESS	3240 S. FLETCHER #332			3.3 STREET ADDRESS 1988 WINDSWEEP OAK LANE	
CITY-ST-ZIP	FERNANDINA BCH FL			3.4 CITY-ST-ZIP AMELIA ISLAND FL 32034	
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME SAME	
NAME	GRIFFIN, LARRY			4.3 STREET ADDRESS	
STREET ADDRESS	3508 EIGHT MI. POST RD.			4.4 CITY-ST-ZIP	
CITY-ST-ZIP	WAYCROSS GA				
TITLE	O	<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME SAME	
NAME	DIETRICH, GLENDA			5.3 STREET ADDRESS	
STREET ADDRESS	2203 SHERWOOD DR N.			5.4 CITY-ST-ZIP	
CITY-ST-ZIP	VALDOSTA GA				
TITLE	P	<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME SAME	
NAME	BASHLOR, WAYNE			6.3 STREET ADDRESS	
STREET ADDRESS	PO BOX 1406, N/A			6.4 CITY-ST-ZIP	
CITY-ST-ZIP	WAYCROSS GA 31794				

14. 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 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, with all other like empowered.

SIGNATURE: *Ronald Howard* SIGNATURE REQUIRED *Director VP* 1-8-98 261 800 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)