

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005351

**Entity Name:** AMELIA ISLAND EQUITY CLUB, INC.

**Current Principal Place of Business:**

5 OCEAN CLUB DR.  
AMELIA ISLAND, FL 32034

**Current Mailing Address:**

5 OCEAN CLUB DR.  
AMELIA ISLAND, FL 32034 US

**FEI Number:** 27-2967414

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

QUATAERT, LOGAN  
5 OCEAN CLUB DRIVE.  
AMELIA ISLAND, FL 32034 US

*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:** LOGAN QUATAERT

02/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           HASSELBERG, MIKE  
Address        40 MARSH CREEK RD  
City-State-Zip: AMELIA ISLAND FL 32034

Title           PRESIDENT  
Name           KYLE, DON  
Address        2917 RIVERBEND WALK  
City-State-Zip: FERNANDINA BEACH FL 32034

Title           SECRETARY  
Name           HOLLAND, JULIE  
Address        4 HARRISON CREEK ROAD  
City-State-Zip: AMELIA ISLAND FL 32034

Title           DIRECTOR  
Name           SATTERTHWAITE, MARC  
Address        45 LONG POINT DRIVE  
City-State-Zip: AMELIA ISLAND FL 32034

Title           DIRECTOR  
Name           ADAMS, JOE  
Address        2930 RIVERBEND WALK  
City-State-Zip: FERNANDINA BEACH FL 32034

Title           DIRECTOR  
Name           DAVIS, BILL  
Address        4718 MEADOWLARK LANE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title           DIRECTOR  
Name           LEING, GEORGE  
Address        119 MARSH CREEK RD  
City-State-Zip: FERNANDINA BEACH FL 32034

Title           DIRECTOR  
Name           SMERAGLILOLO, KATHY  
Address        8152 RESIDENCE CT  
City-State-Zip: AMELIA ISLAND FL 32034

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DON KYLE

**PRESIDENT**

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name HISSEY, TED  
Address 53 MARSH CREEK RD.  
City-State-Zip: AMELIA ISLAND FL 32034