

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000010306

**FILED**  
**Jan 27, 2021**  
**Secretary of State**  
**3253444703CC**

**Entity Name:** AMELIA ISLAND BEACH AND MARINE LIFE CONSERVANCY, INC.

**Current Principal Place of Business:**

96497 CAYMAN CIRCLE  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

96497 CAYMAN CIRCLE  
FERNANDINA BEACH, FL 32034 US

**FEI Number: 85-2964292**

**Certificate of Status Desired: Yes**

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

MARY SKWIERTZ  
96497 CAYMAN CIRCLE  
FERNANDINA BEACH, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CD  
Name MARY SKWIERTZ  
Address 96497 CAYMAN CIRCLE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title D  
Name CHRISTINE HARMON  
Address 482 CROSSWIND DRIVE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title D  
Name SHARI ROAN  
Address 1586 CANOPY DRIVE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title D  
Name SUSAN MCCUTHEON  
Address 5459 FLORENCE POINT DRIVE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title D  
Name JAN COTE-MEROW  
Address 1658 FIELD STREET  
City-State-Zip: FERNANDINA BEACH FL 32034

Title D  
Name KESSLER, CHASITY  
Address 95078 SUMMER CROSSING #1704  
City-State-Zip: FERNANDINA BEACH FL 32034

*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: MARY SKWIERTZ**

**CO-CHAIR, DIRECTOR**

**01/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date