

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90029 048 ****61.25

DOCUMENT # 723404

1. Entity Name

AMELIA ISLAND PLANTATION COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**C/O AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
AMELIA ISLAND FL 32034**

Mailing Address

**C/O AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
AMELIA ISLAND FL 32034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1638973

Applied For

Not Applicable

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

**AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
AMELIA ISLAND FL 32034**

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** ☐ Delete
NAME **SAKAI, JAMES**
STREET ADDRESS **17 SPARKELBERRY COURT**
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **OKIN, GERRY**
STREET ADDRESS **6519 SPYGLASS**
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **VTD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **HUGHES, JIM**
STREET ADDRESS **62 LONG POINT DR**
CITY-ST-ZIP **AMELIA ISLAND FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Ellis, Robert**
STREET ADDRESS **18 Heron Oaks Ct**
CITY-ST-ZIP **Amelia Island, FL 32034**

TITLE **D** ☒ Delete
NAME **JOHNSON, JOHN**
STREET ADDRESS **108 MARSH CREEK**
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **D** ☐ Change ☒ Addition
NAME **Ostrom, Tony**
STREET ADDRESS **11 Red Maple Rd.**
CITY-ST-ZIP **Amelia Island, FL 32034**

TITLE **VSD** ☒ Delete
NAME **EVANS-JONES, MARILYN**
STREET ADDRESS **12 PAINTED BUNTING**
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **D** ☐ Change ☒ Addition
NAME **Jackson, Victoria**
STREET ADDRESS **8 Hicksory Lane**
CITY-ST-ZIP **Amelia Island, FL 32034**

TITLE **VD** ☐ Delete
NAME **KANE, EDWARD**
STREET ADDRESS **1807 BEACH WALKER ROAD**
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **PD** ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD KANE

02/16/02

904-321-4260

Date

Daytime Phone #

CR2E037 (9/01)

AMELIA ISLAND PLANTATION COMMUNITY
ASSOCIATION, INC. BOARD OF DIRECTORS, CONT.

Attachment
Doc# 723404
427553

Tom Carmody D
21-44 Croton Lake Road
Katonah, NY 10536

Melba Whitaker D
1480 Glenwood
Yulee, FL 32097

Mary Brannen SD
6512 Beach Wood Road
Amelia Island, FL 32034

Jack Healan D
6 Harrison Creek Road
Amelia Island, FL 32034

Norman Bray D
63 Sea Marsh Road
Amelia Island, FL 32034