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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761571

1. Corporation Name

**THE OCEANS OF AMELIA CONDOMINIUM ASSOCIATION, IN
C.**

Principal Place of Business
**382 SO. FLETCHER AVE.
FERNANDINA BEACH FL 32034**

Mailing Address
**382 SO. FLETCHER AVE.
FERNANDINA BEACH FL 32034**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
01/22/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2348207

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORD, ROBERT A.
3030 HARTLEY, SUITE 200
JACKSONVILLE FL 32257**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **D MCGAHEE, WILLIAM**
STREET ADDRESS **382 S. FLETCHER AVE.**
CITY-ST-ZIP **FERNANDINA BEACH FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **JUNE R HENRY**
1.3 STREET ADDRESS **1919 SUNRISE DRIVE**
1.4 CITY-ST-ZIP **FERNANDINA BCH FLA 32034**

TITLE ☒ DELETE
NAME **D BAKER, DONALD C**
STREET ADDRESS **382 S. FLETCHER AVE.**
CITY-ST-ZIP **FERNANDINA BEACH FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Maintenance Director**
2.3 STREET ADDRESS **Fred McNeal**
2.4 CITY-ST-ZIP **3012 Simpson Pk. Rd. Gainesville, GA 30506**

TITLE ☒ DELETE
NAME **PD MCLAUGHLIN, PATRICIA**
STREET ADDRESS **382 SOUTH FLETCHER AVENUE**
CITY-ST-ZIP **FERNANDINA BEACH FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Al Sack - Director**
3.3 STREET ADDRESS **1707 HICKS DRIVE**
3.4 CITY-ST-ZIP **VIENNA, VIRGINIA 22182**

TITLE ☒ DELETE
NAME **VP/D MCNEAL, SUSAN**
STREET ADDRESS **382 S FLETCHER AVE**
CITY-ST-ZIP **FERNANDINA BCH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD SCANLAN, JOE**
STREET ADDRESS **382 S. FLETCHER AVE**
CITY-ST-ZIP **FERNANDINA BEACH FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **Moderator/D CLAY, CLARENCE**
STREET ADDRESS **382 S FLETCHER AVE**
CITY-ST-ZIP **FERNANDINA BEACH FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)