

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90037 002 \*\*\*\*61.25

**DOCUMENT # 761571**

1. Entity Name

**THE OCEANS OF AMELIA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

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

**94013399**



MOORE CR2E037 (11/03)

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

**59-2348207**

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

**PETERS, ROBERT L ESQ.  
311 CENTRE ST., TE. 204  
FERNANDINA BEACH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*JUNE R. HENRY*

*June R Henry*

*2-3-04*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **AT** ☐ Delete  
NAME **HENRY, JUNE R**  
STREET ADDRESS **1919 SUNRISE DRIVE**  
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **T** ☒ Delete  
NAME **SCANLAN, JOE**  
STREET ADDRESS **585 FASTERS MILL LANE**  
CITY-ST-ZIP **SUWANEE GA 30024**

TITLE **M** ☐ Delete  
NAME **MCLAUGHLIN, PATRICIA**  
STREET ADDRESS **1613 CAMELLIA DR**  
CITY-ST-ZIP **WAYCROSS GA 31501**

TITLE **M** ☒ Delete  
NAME **REYNOLDS, NANCY**  
STREET ADDRESS **2307-A 1ST AVE**  
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **S** ☐ Delete  
NAME **LEE, DOUGLAS**  
STREET ADDRESS **2634 HENDERSON RIDGE DRIVE**  
CITY-ST-ZIP **TUCKER GA 33084**

TITLE **MD** ☐ Delete  
NAME **KYZER, BRAD**  
STREET ADDRESS **4259 KYZER LANE**  
CITY-ST-ZIP **HEPHZIBAH GA 30815**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME **JOE EAST**  
STREET ADDRESS **1920 SUNRISE DRIVE 32034**  
CITY-ST-ZIP **FERNANDINA BEACH FLA**

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

TITLE ☐ Change ☐ Addition  
NAME **TERRY STOVER**  
STREET ADDRESS **359 MOECKEL PLACE**  
CITY-ST-ZIP **ST MARTIS, GEORGIA 34558**

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

TITLE ☐ 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:

*June R Henry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-3-04*  
Date

*(904) 491-3322*  
Daytime Phone #