

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 763413 (2)
 1. Corporation Name
SEAGATE OF AMELIA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 913 S. 14TH STREET FERNANDINA BEACH FL 32034	Mailing Address P.O. BOX 1643 FERNANDINA BEACH FL 32035
--	---

3. Date Incorporated or Qualified 05/24/1982
4. FEI Number NOT APPLICABLE
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 316 S. Fletcher Suite, Apt. #, etc. 22 C	2a. Mailing Address 26 1118 Woods Rd. Suite, Apt. #, etc. 27
City & State 23 FERNANDINA BEACH FL Zip Country 24 32034 25 FLORIDA	City & State 28 WAYCROSS GA. Zip Country 29 31501 30 GA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, AVA A
913 S. 14TH STREET
FERNANDINA BEACH FL 32034

81 Name Paula Cone
82 Street Address (P.O. Box Number is Not Acceptable) 316 S. Fletcher
83 Apt C
84 City Fernandina Beach FL 85 Zip Code 32034

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 Paula Cone Paula Cone (NOTE: Registered Agent signature required when reinstating) DATE 1/24/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILSON, AVA A		1.2 NAME Cone, J. P. Jr	
STREET ADDRESS 913 S. 14TH STREET		1.3 STREET ADDRESS 1118 Woods Rd.	
CITY-ST-ZIP FERNANDINA BEACH FL 32034		1.4 CITY-ST-ZIP Waycross, Ga. 31501	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEAMON, RON		2.2 NAME Cantrell, William	
STREET ADDRESS 2554 LYNNHAVEN TERRACE		2.3 STREET ADDRESS 111 RIVERDALE DR	
CITY-ST-ZIP JACKSONVILLE BEACH FL		2.4 CITY-ST-ZIP Blacksher GA 31516	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILSON, JUANITA P.		3.2 NAME Garnett Ann	
STREET ADDRESS 27 S. 7TH STREET		3.3 STREET ADDRESS 2010 Oak View Dr.	
CITY-ST-ZIP FERNANDINA BCH. FL		3.4 CITY-ST-ZIP Sevierville TN 37876	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARONECK, CHARLES		4.2 NAME Jensen, Scott	
STREET ADDRESS P.O. BOX 6159 (N/A)		4.3 STREET ADDRESS P.O. Box 238	
CITY-ST-ZIP FERNANDINA BCH. FL		4.4 CITY-ST-ZIP Hilliard FL 32046	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: J. P. Cone Jr. 4/18/98 912-284-9266

CR2E037 (10/97)