

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91070 007 ****62.25

DOCUMENT # 763413

1. Entity Name
**SEAGATE OF AMELIA CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business

**316 S FLETCHER
STE C
FERNANDINA BEACH, FL 32034 US**

Mailing Address

**P.O. BOX 61
FERNANDINA BEACH, FL 32034 US**



04282004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONE, PAULA
316 S FLETCHER
STE C
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONE, J.P. JR.
STREET ADDRESS	1118 WOODS ROAD
CITY - ST - ZIP	WAYCROSS, GA 31501
TITLE	D
NAME	JENSEN, SCOTT
STREET ADDRESS	P.O. BOX 61
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	SHROADS, DAVID
STREET ADDRESS	3918 PALASADES DR.
CITY - ST - ZIP	WEIRTON, WV 26062
TITLE	D
NAME	WILLIAMS, TODD
STREET ADDRESS	1314 BALTEMORE CIR
CITY - ST - ZIP	WAYCROSS, GA 31501
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4-26-04