

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763413

FILED
Apr 30, 2008
Secretary of State

Entity Name: SEAGATE OF AMELIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

316 SOUTH FLETCHER AVENUE
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 307
FERNANDINA BEACH, FL 32035 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHROADS, DAVID L
316 S FLETCHER
SUITE A
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SECY () Delete
Name: SHROADS, DAVID L
Address: 3918 PALASADES DR.
City-St-Zip: WEIRTON, WV 26062 US

Title: MR. () Delete
Name: JENSEN, SCOTT
Address: P.O. BOX 61
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: MR. () Delete
Name: STAVOROU, KRIS
Address: 2833 MAIN STREET
City-St-Zip: GLASTONBURY, CT 06033 US

Title: MR. () Delete
Name: RITTER, STEVEN
Address: 15 ZACHERY COURT
City-St-Zip: AMELIA ISLAND, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DR. (X) Change () Addition
Name: LEHMAN, CHARLES
Address: PO BOX 307
City-St-Zip: FERNANDINA BEACH, FL 32035 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SHROADS

SECY

04/30/2008

Electronic Signature of Signing Officer or Director

Date