

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763413

**FILED**  
**Apr 27, 2011**  
**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 (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHROADS, DAVID  
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: MBR  
Name: SHROADS, DAVID L  
Address: 316A SOUTH FLETCHER AVENUE  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: MBR  
Name: LEHMAN, CHARLES  
Address: PO BOX 307  
City-St-Zip: FERNANDINA BEACH, FL 32035 US

Title: MBR  
Name: STAVOROU, KRIS  
Address: PO BOX 307  
City-St-Zip: FERNANDINA BEACH, FL 32035 US

Title: MBR  
Name: RITTER, STEVEN  
Address: PO BOX 307  
City-St-Zip: FERNANDINA BEACH, FL 32035

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID SHROADS

MBR

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date