

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 765121 (9)**

1. Corporation Name

**AMELIA LANDINGS PROPERTY OWNERS ASSOCIATION, INC**



Principal Place of Business

Mailing Address

**C/O AMELIA ISLAND MANAGEMENT  
3000 FIRST COAST HIGHWAY  
AMELIA ISLAND FL 32034**

**C/O AMELIA ISLAND MANAGEMENT  
3000 FIRST COAST HIGHWAY  
AMELIA ISLAND FL 32034**

3. Date Incorporated or Qualified

**09/20/1982**

3a. Date of Last Report

**07/12/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2363341**

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing

☐

**\$5.00 May Be**

**Added to Fees**

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMELIA ISLAND MANAGEMENT  
3000 FIRST COAST HWY  
AMELIA ISLAND FL 32034**

81 Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

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

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE

☐

DELETE

NAME

**D  
ROBBINS, EUGENE  
5300 SUNNINGDALE DR  
CHARLOTTE NC**

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐

DELETE

NAME

**STD  
LEMLEY, STEVE  
RT 13 BOX 258  
LAKE CITY FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐

DELETE

NAME

**PD  
SAVINO, BEN  
2328 SADLER RD. UNIT 6-D  
FERNANDINA BEACH FL 32034**

STREET ADDRESS

CITY - ST - ZIP

TITLE

☒

DELETE

NAME

**D  
FLOWERS, BRETT  
2328 SADLER RD. UNIT 1-B  
FERNANDINA BEACH FL 32034**

STREET ADDRESS

CITY - ST - ZIP

TITLE

☒

DELETE

NAME

**D  
BONER, EDWARD E  
2328 SADLER ROAD, UNIT 3-F  
FERNANDINA BEACH FL 32034**

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐

Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐

Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐

Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**D  
Barrett, Francis  
2328 Sadler RD Unit 1-A  
Fernandina Bch, FL 32034**

5.1 TITLE

☐

Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**D  
Hodges, Don  
2328 Sadler RD Unit 7B  
Fernandina Beach, FL 32034**

6.1 TITLE

☐

Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Don Hodges*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/96**

Date

Daytime Phone #

CR2E037 (12/95)