


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 765121 (9)**  
1. Corporation Name  
**AMELIA LANDINGS PROPERTY OWNERS ASSOCIATION, INC**



|  |  |
|--|--|
| Principal Place of Business<br><b>C/O AMELIA ISLAND MANAGEMENT<br/>3000 FIRST COAST HIGHWAY<br/>AMELIA ISLAND FL 32034</b> | Mailing Address<br><b>C/O AMELIA ISLAND MANAGEMENT<br/>3000 FIRST COAST HIGHWAY<br/>AMELIA ISLAND FL 32034</b> |
|--|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>09/20/1982</b> | 3a. Date of Last Report<br><b>05/01/1996</b> |
|--|--|

|   |                                  |  |                                       |
|---|----------------------------------|--|---------------------------------------|
| 2. Principal Place of Business<br><b>21</b>   | 2a. Mailing Address<br><b>26</b> | 4. FEI Number<br><b>59-2363341</b>   | Applied For<br>Not Applicable         |
| Suite, Apt. #, etc.<br><b>22</b>  | Suite, Apt. #, etc.<br><b>27</b> | 5. Certificate of Status Desired <input type="checkbox"/>                          | <b>\$8.75 Additional Fee Required</b> |
| City & State<br><b>23</b>   | City & State<br><b>28</b>        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b>    |
| Zip<br><b>24</b>  | Country<br><b>25</b>             | Zip<br><b>29</b>   | Country<br><b>30</b>                  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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   | <b>FL</b> |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ROBBINS, EUGENE</b>                              | 1.2 NAME  |   |
| STREET ADDRESS             | <b>5300 SUNNINGDALE DR</b>                          | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>CHARLOTTE NC</b>                                 | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>STD</b> <input type="checkbox"/> DELETE          | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LEMLEY, STEVE</b>                                | 2.2 NAME  |   |
| STREET ADDRESS             | <b>RT 13 BOX 258</b>                                | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>LAKE CITY FL</b>                                 | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SAVINO, BEN</b>                                  | 3.2 NAME  |   |
| STREET ADDRESS             | <b>2328 SADLER RD. UNIT 6-D</b>                     | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>FERNANDINA BEACH FL 32034</b>                    | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BARRETT, FRANCIS</b>                             | 4.2 NAME  |   |
| STREET ADDRESS             | <b>2328 SADLER RD UNIT 1-A</b>                      | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>FERNANDINA BEACH FL</b>                          | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HODGES, DON</b>                                  | 5.2 NAME  |   |
| STREET ADDRESS             | <b>2328 SADLER RD UNIT 7B</b>                       | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>FERNANDINA BEACH FL</b>                          | 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 do 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: BEN SAVINO **REQUIRED** BEN SAVINO 2/27/97 (904) 264-5238  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0077181

CR2E037 (9/96)