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**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90082 027 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 765121**

1. Corporation Name

**AMELIA LANDINGS PROPERTY OWNERS ASSOCIATION, INC**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/20/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
59-2363341

Applied For  
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BARRETT, FRANCIS  
STREET ADDRESS 2328 SADLER RD #1A  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME LEMLEY, STEVE  
STREET ADDRESS RT 13 BOX 258  
CITY-ST-ZIP LAKE CITY FL

21 TITLE ☒ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS RT. 13, BOX 258 N/A  
24 CITY-ST-ZIP

TITLE PD ☒ DELETE  
NAME SAVINO, BEN  
STREET ADDRESS 2328 SADLER RD. UNIT 6-D  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE STD ☐ DELETE  
NAME HODGES, DON  
STREET ADDRESS 2328 SADLER RD UNIT 7B  
CITY-ST-ZIP FERNANDINA BEACH FL

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WOOTEN, THOMAS  
STREET ADDRESS RT 1 BOX 25  
CITY-ST-ZIP DENTON GA 31532

51 TITLE ☒ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS RT.1, BOX 25 N/A  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON HODGES

03/05/99

904/261-2244

Daytime Phone #

CR2E037 (1/98)