
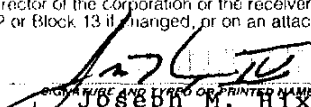


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J96538 (0)			
1. Corporation Name AMELIA ISLAND YACHT CLUB, INC.			
Principal Place of Business 251 CREEKSIDE DRIVE FERNANDINA BEACH FL 32034		Mailing Address 251 CREEKSIDE DRIVE FERNANDINA BEACH FL 32034-0672	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
INGRAM, THOMAS B. 4400 MARSH LANDING BLVD. SUITE 7 PONTE VEDRA BEACH FL 32082		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 607.0502 and 607.1508, 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 607.0505, 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			
TITLE	C	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	HIXON, JOSEPH M III	1.1 TITLE	
STREET ADDRESS	4400 MARSH LANDING BLVD., SUITE 7	1.2 NAME	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	1.3 STREET ADDRESS	
TITLE	P	1.4 CITY-ST-ZIP	
NAME	HIXON, JOSEPH M IV	2.1 TITLE	
STREET ADDRESS	251 CREEKSIDE DRIVE	2.2 NAME	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	2.3 STREET ADDRESS	
TITLE	VP	2.4 CITY-ST-ZIP	
NAME	INGRAM, THOMAS B	3.1 TITLE	
STREET ADDRESS	4400 MARSH LANDING BLVD., SUITE 7	3.2 NAME	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE		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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:  REQUIRED			
Joseph M. Hixon IV			
4/23/97 904-285-8645			
Date Daytime Phone #			



CR2E034 (9/96)