

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90048 045 ****61.25

DOCUMENT # N00000000157

1. Entity Name

ISLE OF PALMS OF AMELIA HOMEOWNER'S
ASSOCIATION, INC.



Principal Place of Business

144 LONGPOINT DRIVE
FERNANDINA BEACH FL 32034

Mailing Address

144 LONGPOINT DRIVE
FERNANDINA BEACH FL 32034

50016430



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROWAN, RIC
144 LONGPOINT DRIVE
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name
Rowan, Sharon M.
Street Address (P.O. Box Number is Not Acceptable)
144 Long Point Dr.
Fernandina Beach
City
FL Zip Code
32034

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sharon M. Rowan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-05

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROWAN, RIC
STREET ADDRESS 144 LONGPOINT DRIVE
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☒ Delete

TITLE T
NAME ROWAN, SHARON
STREET ADDRESS 144 LONG POINT DR
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☒ Delete

TITLE T
NAME ROWAN, RIC
STREET ADDRESS 144 LONG POINT DRIVE
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/S/T/D
NAME Sharon M. Rowan
STREET ADDRESS 144 Long Point Dr.
CITY-ST-ZIP Fernandina Beach, FL 32034 ☒ Change ☐ Addition

TITLE D
NAME Jon Deric Rowan
STREET ADDRESS 144 Long Point Dr.
CITY-ST-ZIP Fernandina Beach, FL 32034 ☐ Change ☒ Addition

TITLE D
NAME Kristin E. Rowan
STREET ADDRESS 144 Long Point Dr.
CITY-ST-ZIP Fernandina Beach, FL 32034 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

2-11-05 904-261-2116