

2602 UNIFORM BUSINESS REPORT (UBR)

5/21

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-02-2002 90019 035 ****61.25

DOCUMENT # N00000002817

1. Entity Name

SEASIDE AT AMELIA ISLAND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

9550 REGENCY SQUARE BOULEVARD
 SUITE 1108
 JACKSONVILLE FL 32225

Mailing Address

9550 REGENCY SQUARE BOULEVARD
 SUITE 1108
 JACKSONVILLE FL 32225

94034

2. Principal Place of Business

2215 E. State Rd 200
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1987
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Juice, FL

City & State

Juice, FL

4. FEI Number

59-3692890

Applied For

Not Applicable

Zip
 32097

Country
 Nassau

Zip
 32041-1987

Country
 Nassau

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRISP, DARRYL W
 9550 REGENCY SQUARE BOULEVARD
 SUITE 1108
 JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name ~~Tennell J. Powell~~
 Street Address (P.O. Box Number is Not Acceptable)
 2215 E. State Rd 200
 City Juice FL Zip Code 32097

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.

SIGNATURE

Tennell J. Powell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-14-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME CRISP, DARRYL W
 STREET ADDRESS 9550 REGENCY SQUARE BOULEVARD #1108
 CITY-ST-ZIP JACKSONVILLE FL 32225 Delete

TITLE VD
 NAME BEARD, WIRT A JR.
 STREET ADDRESS 12854 KENAN DRIVE #100
 CITY-ST-ZIP JACKSONVILLE FL 32258 Delete

TITLE STD
 NAME HOWELL, WILLIAM R II
 STREET ADDRESS POST OFFICE BOX 80 ORTEGA STATION
 CITY-ST-ZIP JACKSONVILLE FL 32210 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 Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

TITLE Change Addition

TITLE Change Addition

TITLE Change Addition

TITLE 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:

DARRYL W CRISP
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904
 1-2502 721-9112

CR2E037 (9/01)