

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90051 011 ****61.25

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1. Entity Name
SEASIDE AT AMELIA ISLAND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
**2398 SADLER ROAD
 C/O COURSON & STAM, CPA, PA
 FERNANDINA BEACH, FL 32034 US**

Mailing Address
**2398 SADLER ROAD
 C/O COURSON & STAM, CPA, PA
 FERNANDINA BEACH, FL 32034 US**

40020016



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3692890

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAPORTE, PIERRE
 2398 SADLER ROAD
 C/O COURSON & STAM, CPA, PA
 FERNANDINA BEACH, FL 32034**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
 Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D Delete
 NAME JOHNSON, RICHARD
 STREET ADDRESS 502 STARBOARD LANDING
 CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE P/D Change Addition
 NAME Sullivan, Mike
 STREET ADDRESS 481 Starboard Landing
 CITY-ST-ZIP Fernandina, Bch, FL 32034

TITLE V/D Delete
 NAME ROBERTS, JIM
 STREET ADDRESS 511 STARBOARD LANDING
 CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S/D Delete
 NAME WINNER, CARL
 STREET ADDRESS 480 CROSSWIND DRIVE
 CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T/D Delete
 NAME YOUNG, JOHN
 STREET ADDRESS 485 STARBOARD LANDING
 CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME SULLIVAN, MIKE
 STREET ADDRESS 481 STARBOARD LANDING
 CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE:

Pierre Laporte, Assoc. **2/14/07** 904 671-2803
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #