

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002817

FILED
Jan 07, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3692890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: SULLIVAN, MIKE
Address: 481 STARBOARD LANDING
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: V/D () Delete
Name: ROBERTS, JIM
Address: 511 STARBOARD LANDING
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S/D () Delete
Name: WINNER, CARL
Address: 480 CROSSWIND DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T/D () Delete
Name: YOUNG, JOHN
Address: 485 STARBOARD LANDING
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: C/D () Delete
Name: KREMLER, BILL
Address: 496 CROSSWIND DR
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: WINNER, CARL
Address: 480 CROSSWIND DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/D (X) Change () Addition
Name: PRICE, MARK
Address: 512 CROSSWIND DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL WINNER

P/D

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date