

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

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

02-16-2005 90049 041 ****61.25

DOCUMENT # N01000008517

1. Entity Name

SEA WINDS OF AMELIA HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

**144 LONGPOINT DR
FERNANDINA BCH FL 32034**

Mailing Address

**144 LONGPOINT DR
FERNANDINA BCH FL 32034**

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 DR
FERNANDINA BCH 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.

City

Fernandina Beach,

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ROWAN, RIC	
STREET ADDRESS	144 LONG POINT DR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROWAN, SHANON	
STREET ADDRESS	144 LONG POINT DR.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROWAN, RIC	
STREET ADDRESS	144 LONG POINTE DR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon M. Rowan	
STREET ADDRESS	144 Long Point Dr.	
CITY-ST-ZIP	Fernandina Beach, FL 32024	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jon Deric Rowan	
STREET ADDRESS	144 Long Point Dr.	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kristin E. Rowan	
STREET ADDRESS	144 Long Point Dr.	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Sharon M. Rowan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-11-05

Daytime Phone #

904-261-2114