


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90029 018 \*\*\*\*61.25

**DOCUMENT # N04000004177**

1. Entity Name  
**SEASCAPE AT AMELIA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**829 MARY STREET  
 FERNANDINA BEACH, FL 32034**

Mailing Address  
**829 MARY STREET  
 FERNANDINA BEACH, FL 32034**

**50007033**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

01182005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
**TOMASSETTI, A. JEFFREY  
 406 ASH STREET  
 FERNANDINA BEACH, FL 32034**

4. FEI Number  
**20-1183837**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>MGR-DIRECTOR</b>
STREET ADDRESS		STREET ADDRESS	<b>PROCTOR, JOHN R. 1550 SOUTHERN OAKS COVE</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>LAWRENCEVILLE, GA 30043</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>MGR-DIRECTOR</b>
STREET ADDRESS		STREET ADDRESS	<b>MURPHY, CRAIG S. 986 CHADS FORD</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>MACON, GA 31210</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>MGR-DIRECTOR</b>
STREET ADDRESS		STREET ADDRESS	<b>WILLIS, ANN B. 829 MARY ST.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>FERNANDINA BEACH, FL 32034</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Ann B Willis* **1-25-05** **904-277-2805**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #