


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1183837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD PROCTOR, JOHN R 1550 SOUTHERN OAKS COVE LAWRENCEVILLE, GA 30043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD MURPHEY, CRAIG S 986 CHADSFORD MACON, GA 31210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD WILLIS, ANN B 829 MARY ST FERNANDINA BEACH, FL 32034
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/23/07-80025-020 61.25
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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 all other like empowered.

SIGNATURE: Ann B Willis Ann B Willis 1-19-07 904-277-2805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #