


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90034 020 ****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	
2. Principal Place of Business - No P.O. Box # <i>749 White Ibis Way</i>		3. Mailing Address <i>749 White Ibis Way</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Fernandina Beach, FL</i>		City & State <i>Fernandina Beach, FL</i>	
4. FEI Number 20-1183837		Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 re-registering)	
DATE		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$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	MD	TITLE	
NAME	PROCTOR, JOHN R	NAME	
STREET ADDRESS	1550 SOUTHERN OAKS COVE	STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE, GA 30043	CITY-ST-ZIP	
TITLE	MD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHEY, CRAIG S	NAME	
STREET ADDRESS	986 CHADSFORD	STREET ADDRESS	<i>7968 White Rd</i>
CITY-ST-ZIP	MACON, GA 31210	CITY-ST-ZIP	<i>MACON, GA 31220</i>
TITLE	MD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, ANN B	NAME	
STREET ADDRESS	829 MARY ST	STREET ADDRESS	<i>749 White Ibis Way</i>
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	CITY-ST-ZIP	<i>Fernandina Beach, FL 32034</i>
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		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 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: <i>Ann B Willis</i>		Date: <i>2-3-08</i> Daytime Phone #: <i>904-277-2805</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	