

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2009
Secretary of State**

DOCUMENT# N04000004177

Entity Name: SEASCAPE AT AMELIA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

749 WHITE IBIS WAY
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

749 WHITE IBIS WAY
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 20-1183837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMASSETTI, A. JEFFREY
406 ASH STREET
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: MD () Delete
Name: PROCTOR, JOHN R
Address: 1550 SOUTHERN OAKS COVE
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: MD () Delete
Name: MURPHEY, CRAIG S
Address: 7968 WHITTLE RD
City-St-Zip: MACON, GA 31220

Title: MD () Delete
Name: WILLIS, ANN B
Address: 749 WHITE IBIS WAY
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ANN B WILLIS

MD

01/06/2009

Electronic Signature of Signing Officer or Director

Date