

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**FILED**
May 05, 1998 8:00 am
Secretary of State**DOCUMENT # N22554 (2)**

1. Corporation Name

AMELIA ISLAND PC USER GROUP, INC.

Principal Place of Business

Mailing Address

**1636 HIGHLAND STREET
FERNANDINA BEACH FL 32035
US****P O BOX 1213
FERNANDINA BEACH FL 32035
US**

3. Date Incorporated or Qualified

09/17/1987

4. FEI Number

59-2878950

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.**26** Suite, Apt. #, etc.**22** City & State**27** City & State**23** Zip**25** Country**28** Zip**30** Country5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETERSON, RONALD F
1636 HIGHLAND STREET
FERNANDINA BEACH FL 32034****81** Name**82** Street Address (P.O. Box Number is Not Acceptable)**83****84** City**FL****85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE**NAME
COE, ROBERT
STREET ADDRESS
2439 BONNIE OAKS
CITY-ST-ZIP
FERNANDINA BEACH FL**TITLE **VP** ☐ DELETE**NAME
ANDERSON, BARBARA
STREET ADDRESS
1612 ARBOR LANE
CITY-ST-ZIP
FERNANDINA BEACH FL**TITLE **T** ☐ DELETE**NAME
PETERSON, RONALD
STREET ADDRESS
1636 HIGHLAND STREET
CITY-ST-ZIP
FERNANDINA BEACH FL 32034**TITLE **S** ☐ DELETE**NAME
FRANK, ANN C
STREET ADDRESS
1953 LAKESIDE DR.S.
CITY-ST-ZIP
FERNANDINA BEACH FL 32034**TITLE **D** ☐ DELETE**NAME
PROSSWIMMER, ALAN R
STREET ADDRESS
2799 PARK SQUAR PLACE EAST
CITY-ST-ZIP
FERNANDINA BEACH FL**TITLE **D** ☐ DELETE**NAME
ANDERSON, CARL
STREET ADDRESS
1612 ARBOR LANE
CITY-ST-ZIP
FERNANDINA BEACH FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PETERSON, RONALD F**4/26/98****(404)2617485**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000367

CR2E037 (10/97)