FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

1997

DOCUMENT # N31521

(0)

THE RESIDENCE AT AMELIA LANDINGS, INC.

Country

25

Principal Place of Business	
MAN INDEPENDENT SOURCE	

JACKSONVILLE FL 32202

21

22

23

24

Zip

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

Mailing Address

3000 INDEPENDENT SQUARE JACKSONVILLE FL 32202-5041

2e. Mailing Address

City & State

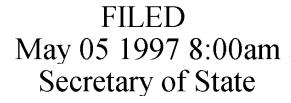
Zip

Suite, Apt. #, etc.

26

27

29





Yes No

8. This corporation has fiability for intangible tax under s. 199.032,

3a. Date of Last Report

01/26/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

(912) 354-4626

Not Applicable

3. Date Incorporated or Qualified

04/04/1989

57-0864415

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

4. FEI Number

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AYCOCK, LYNDA R. 3000 INDEPENDENT SQUARE JACKSONVILLE FL 32202			81	Name				
			82	Street	Street Address (P.O. Box Number is Not Acceptable)			
			83		The state of the s	· · · · · · · · · · · · · · · · · · ·		
			84	<u></u>		Ter Vic.	Code	
			04	City	FL	85 Zip	2008	
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 _		GLOVE D			required when reinstating) DATE			
	Signature typed or printed name of registered agent and title if applic OFFICERS AND DIRECTOR:		13.	nt Bignature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECTOR	OC INI 12	
12.		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OTHER AND	Change	Addition	
TITLE	PTD	C Derett				LJ Change	L 700111011	
NAME	BELL, GUS H., III		1.2 NAME					
STREET ADDRESS	329 COMMERCIAL DR		1.3 STREET		·		i i	
CITY-ST-ZIP	SAVANNAH GA		1.4 CiTY - S	17 - ZIP		T 1000000		
TITLE	VSD	DELETE	2.1 TITLE			Change	Addition	
NAME	WOODS, SUZANNE B		22 NAME				Ì	
STREET ADDRESS	128 E. 52 ST.		2.3 STREET	ADDRESS			ļ	
CITY-S1-ZIP	SAVANNAH GA		2. 4 CITY-	ST-ZIP				
TITLE	ASD	☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME	GUPTON, DUANE A.		3.2 NAME					
STREET ADDRESS	329 COMMERCIAL DR		3.3 STREET	ADDRESS				
CITY-ST-ZIP	SAVANNAH GA		3.4. CITY-!	ST-ZIP			_	
THLE		DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	T-ZIP				
TITLE		☐ DELETÉ	5.1 TITLE	•		Change	Addition	
NAME			5.2 NAME				Į	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY - ST - ZIP			5.4 CITY - S	T - ZIP				
TITLE			6.1 TITLE	-		Change	Addition	
NAME		Ì	6.2 NAME			-		
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-S				j	
14. I do here	by certify that the information supplied with this filir	ng does not qualify for	or the exe	mption 8	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 this report as required by Chapter 617, Florida Statutes; and that my name								
appears in Block 12 or Block 13 if changed, or en an attachment with an address.								

Country

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