

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Myrtham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000001088 (2)

1. Corporation Name

AMELIA ISLAND CLUB, INC.



Principal Place of Business

30 MARSH CREEK ROAD  
AMELIA ISLAND FL 32034

Mailing Address

30 MARSH CREEK ROAD  
AMELIA ISLAND FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/06/1995

3a. Date of Last Report  
07/10/1996

2. Principal Place of Business

21 6800 First Coast Hwy  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 3000  
Suite, Apt. #, etc.

4. FEI Number  
59-3385039

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

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

22 City & State  
23 Amelia Island, FL

24 32034 25 USA

27 City & State  
28 Amelia Island

29 32035-3000 30 USA

9. Name and Address of Current Registered Agent

LATIMER, HUGH A  
1000 AIRPORT ROAD  
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 6800 First Coast Hwy  
84 City  
85 Amelia Island FL 32034

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

6/10/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LATIMER, HUGH A	
STREET ADDRESS	30 MARSH CREEK ROAD	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ORR, JOHN	
STREET ADDRESS	51 SEA MARSH ROAD	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACDONALD, RALPH	
STREET ADDRESS	9 PAINTED BUNTING	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> ADDITION
NAME	Stafford, Roy	
STREET ADDRESS	16 Red Cedar	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Moore, Michael	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hill, Eloise	
2.3 STREET ADDRESS	32 BEACHWALKER RD.	
2.4 CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
3.1 TITLE	P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sprath, Robert	
3.3 STREET ADDRESS	71 MARSH CREEK ROAD	
3.4 CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
4.1 TITLE	S.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Nelson, Mary	
4.3 STREET ADDRESS	7 JUNIPER COURT	
4.4 CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bierman, Daniel	
5.3 STREET ADDRESS	21 PAINTED BUNTING	
5.4 CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Carmody Thomas	
6.3 STREET ADDRESS	21-44 CRITON LAKEROAD	
6.4 CITY-ST-ZIP	KATONAH, NY 10536	

14. I do 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

SIGNATURE REQUIRED

Cutajar 8/10/97 904-321-5299

CR2E037 (4/97)