

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90039 007 ****70.00

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1. Entity Name

AMELIA ISLAND CLUB, INC.



Principal Place of Business

6800 FIRST COAST HWY
AMELIA ISLAND FL 32034
US

Mailing Address

P O BOX 3000
AMELIA ISLAND FL 32035
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3385039

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GUTAJAR, JOSEPH~~
6800 FIRST COAST HWY
AMELIA ISLAND FL 32034

Blandford, Michael

Name

Blandford, Michael

Street Address (P.O. Box Number is Not Acceptable)

6800 First Coast Hwy

City

Amelia Island

FL

Zip Code

32034

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 D
NAME ARDIA, STEVE ☐ Delete
STREET ADDRESS 413 BEACHSIDE PLACE
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE D ☐ Change ☒ Addition
NAME James E. Shaw
STREET ADDRESS 10 Dunes Row
CITY-ST-ZIP Amelia Island, FL 32034

TITLE VP ☐ Delete
NAME ALBRIGHT, CHARLES
STREET ADDRESS 124 LONG POINT DRIVE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE D ☐ Change ☒ Addition
NAME Gladys D. Madden
STREET ADDRESS 2 Sea Marsh Cove
CITY-ST-ZIP Amelia Island, FL 32034

TITLE D ☐ Delete
NAME IMOGENE, COLEMAN
STREET ADDRESS 1432 BEACH WALKER RD
CITY-ST-ZIP FERNANDINA BEACH FL 32-0347

TITLE S-T ☐ Change ☒ Addition
NAME Peter B. Chamberlain
STREET ADDRESS 98 Snowy Egret
CITY-ST-ZIP Amelia Island, FL 32034

TITLE P ☐ Delete
NAME BEYTACH, FRANK
STREET ADDRESS 49 MARSH CREEK RD.
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE D ☐ Change ☒ Addition
NAME Keith Erdahl
STREET ADDRESS 12 Dunes Row
CITY-ST-ZIP Amelia Island, FL 32034

TITLE P ☒ Delete
NAME JONES, LARRY
STREET ADDRESS 732 OCEAN CLUB PLACE
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE D ☐ Change ☒ Addition
NAME James F. FLYNN
STREET ADDRESS 105 Long Point Drive
CITY-ST-ZIP Amelia Island, FL 32034

TITLE D ☒ Delete
NAME BROOME, RODY
STREET ADDRESS 409 BEACHSIDE PLACE
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #