

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90058 046 ****70.00

DOCUMENT # N95000004044					
1. Entity Name BEACHWALK OF AMELIA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2808 ISLAND PLANTATION DR FERNANDINA BEACH, FL 32034			Mailing Address 2808 ISLAND PLANTATION DR FERNANDINA BEACH, FL 32034		
2. Principal Place of Business 2813 Oceanview Court Suite, Apt. #, etc, Fernandina Beach FL City & State		3. Mailing Address 2813 Oceanview Court Suite, Apt. #, etc., Fernandina Beach, FL City & State			
Zip 32034	Country USA	Zip 32034	Country USA	4. FEI Number 59-2372180	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHROEDER, JOHN 2809 ISLAND PLANTATION DR FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent Name: Julie Robertson Street Address (P.O. Box Number is Not Acceptable) 1020 Magnolia Woods Court City: Fernandina Beach 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: <u>Julie G. Robertson - President of Board</u> DATE: <u>2-4-05</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small>					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD NAME ROBERTSON, JULIE STREET ADDRESS 1020 MAGNOLIA WOODS CT. CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete		TITLE T/D NAME Judith A. Goldsmith STREET ADDRESS 2813 Oceanview Court CITY-ST-ZIP Fernandina Beach FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME CLEARY, DENISE STREET ADDRESS 1007 OCEANVIEW CT CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete		TITLE V/D NAME Robert Howat STREET ADDRESS 1003 Oceanwalk Court CITY-ST-ZIP Fernandina Beach FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME SPAYDE, THOMAS STREET ADDRESS 2808 ISLAND PLANTATION DR CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE D NAME Judy Wilson STREET ADDRESS 1018 Magnolia Woods Court CITY-ST-ZIP Fernandina Beach FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SCHROEDER, JOHN STREET ADDRESS 2809 ISLAND PLANTATION DRIVE CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME DAVIS, JOHN STREET ADDRESS 2811 OCEANVIEW CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Judith A. Goldsmith</u> DATE: <u>2/4/05</u> DAYTIME PHONE: <u>904-261-8350</u> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>					

Judith A. Goldsmith