2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600003831

1. Entity Name

WINDWARD COVE HOMEOWNERS ASSOCIATION OF AMELIA I

FILED Jan 19, 2001 8:00 am Secretary of State 01-19-2001 90072 048 ****61.25

**********	AID OO'L HOMEOWILIO A	OCCUPATION OF AMILE	an i					
Principal:Plac	ce of Business	Mailing Address						
14	1950 Windward Hace remand walkerchy	World Wood	RJ Place Beach FL 320	34	D 00	04603	115 81 11 81 1 89 1	
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, et	MG		DO NOT WRITE IN TH	HIS SPACE		
City & Star	Handina Beach XL	City & State		4. FEI Numbe	59-3424826	├		
3203(1)	=6646 Nassau	Zip	Country	5. Certificate	of Status Desired			
	6. Name and Address of Current F	Registered Agent	Name	7. Name and		ed Agent		
		1. 1 1000	· \\	MAYER -				
Charle								
= MAN	MIN DEAGLE L. 92094		Mailing Address Suite, Apt. #, etc. City & State A. FEI Number 59-3424826 Individual Fee Required Fee Required Fee Required Name A FEE DO NG State A. FEI Number 59-3424826 Individual Fee Required Fee Required Fee Required Fee Required Fee Required Agent Name A FEE DO NG DELET Street Address (P.O. Box Number is Not Acceptable) City FEE DO NG DELET FEE DO NG DELET City FEE DO NG DELET FEE DO NG DE					
	<u>.</u>	Ecolondian Beach FL	1234 //2		<u> </u>	FL 328	34-5646	
8. The above			gistered office or re	gistered agent, or bot	h, in the state of Florida.			
}	1)0Hald L. JNA	HER 100	A C ()			61/0	clas	
SIGNATURE	Signature, typed or printed name of registered agent a				DA	01/0	<u> </u>	
	organization of printed manifest registered again of	The map in applicable.	edistated viality sidilyticia	equiled when remodelling)				
	FILE NOW:	9. Election Campaign F	inancing	\$5.00 May Be	Make Ched	ck Payable to	.	
	FEE IS \$61.25	Trust Fund Contributi			Departme	ent of State		
10.	OFFICERS AND DIR	ECTORS			ANGES TO OFFICERS AND	DIRECTORS IN	10	
TITLE	DP	Delete		DP		Change	Addition	
NAME STREET ADDRESS	NORM, MACKIE 4946 WINDWARD PL		17	112 SEKA10 L	LE Place		1	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	N _C		-Erwandina R	Fach FL. 3203	4	(c	
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STREET ADDRESS CITY-ST-ZIP	4950 Windward Pl Fernandina Beach Fl 32034		STREET ADDRESS 4	ECHANDINA BIO	1 10 2000	14		
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NAME			NAME W	NOORE TERR	4. ni	_ •		
STREET ADDRESS CITY-ST-ZIP							1	
			STREET ADDRESS	951 WILDWA	ks Place	აგ 4		
TITLE		□ Delete	CITY-ST-ZIP	ESTANDINA 13	each Ft. 32	734 Change	Addition (
NAME		☐ Delete	CITY-ST-ZIP TITLE NAME	JULK JENNI ESTONOMO 13 JOI MILIAMA	PER 1	<u> </u>	Addition	
NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	JAZ Ming My JINEK JEHNI FENDADINA IS FENDADINA IS	PERPLACE	Change	Addition	
NAME	Part of the second	/	CITY-ST-ZIP TITLE NAME	EEMONDING 18 110 EK JENNY 110 EK JENNY EEMONDING 18 121 MILYWA	PER 1	Change	Addition Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the core	certify that the information supplied with to do nothis report or supplemental report is to poration or the receiver or trustee empore	Delete this filling does not qualify for the true and accurate and that my wered to execute this report as	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP e exemption stated signature shall have	e the same legal effect	PER Place 32039	Change Change Certify that the in at I am an officer	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the core	t on this report or supplemental report is t rporation or the receiver or trustee empov , or on an attachment with an address, w	this filing does not qualify for the true and accurate and that my wered to execute this report as tith all other like empowered.	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP e exemption stated signature shall have required by Chapter	e the same legal effect er 617, Florida Statutes	Florida Statutes. I further as if made under oath; the standard and that my name appear	Change Change Certify that the in at I am an officer	Addition Addition	