

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004177

**FILED**  
**Jan 22, 2015**  
**Secretary of State**  
**CC8604860828**

**Entity Name:** SEASCAPE AT AMELIA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

749 WHITE IBIS WAY  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

749 WHITE IBIS WAY  
FERNANDINA BEACH, FL 32034

**FEI Number:** 20-1183837

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TOMASSETTI, A. JEFFREY  
406 ASH STREET  
FERNANDINA BEACH, FL 32034 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MD  
Name PROCTOR, JOHN R  
Address 1550 SOUTHERN OAKS COVE  
City-State-Zip: LAWRENCEVILLE GA 30043

Title MD  
Name MURPHEY, CRAIG S  
Address 7968 WHITTLE RD  
City-State-Zip: MACON GA 31220

Title MD  
Name WILLIS, ANN B  
Address 749 WHITE IBIS WAY  
City-State-Zip: FERNANDINA BEACH FL 32034

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANN B WILLIS

**PRESIDENT**

**01/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date