

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:44

DOCUMENT # **N45600 (6)**

1. Corporation Name

4999 PARKWAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1890 SOUTH 14TH STREET
SUITE 105
FERNANDINA BEACH FL 32034

1890 SOUTH 14TH STREET
SUITE 105
FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/11/1991** 3a. Date of Last Report **05/27/1994**

4. FEI Number **59-3082716** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **2215 E. State Rd 200**
Suite, Apt. #, etc.

26 **P.O. Box 1408**
Suite, Apt. #, etc.

City & State

23 **Yulee Florida**

City & State

28 **Fernandina Beach Florida**

24 Zip **32097**

Country **US**

29 Zip **32035-1408**

Country **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERRELL J POWELL
1890 S 14TH ST #105
FERNANDINA BCH FL 32034

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2215 E. State Rd 200

83

84 City **Yulee**

FL

85

Zip Code
32097

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **SCOTT, JR. E W.**
STREET ADDRESS **1784 HAMMOCK DRIVE**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

1.1 TITLE **PD** Change Addition
1.2 NAME **Galen Dunton**
1.3 STREET ADDRESS **1774 Hammock Dr**
1.4 CITY-ST-ZIP **Fernandina Beach 32034**

TITLE **VD**
NAME **BALL, SIDNEY C.**
STREET ADDRESS **1781 HAMMOCK DR.**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STD**
NAME **SCHWEC, ALEXANDRIA**
STREET ADDRESS **1785 HAMMOCK DR.**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GALLEN DUNTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/95
Date

277-0039
Telephone #