

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N45600 (6)
1. Corporation Name
4999 PARKWAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**2215 E STATE ROAD 200
YULEE FL 32097
US**

Mailing Address
**PO BOX 1408
FERNANDINA BEACH FL 32035
US**

3. Date Incorporated or Qualified
10/11/1991

3a. Date of Last Report
03/22/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26 P.O. Box 1987		59-3082716		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
23		28 Yulee FL		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Zip	Country	Zip	Country				
24	25	29 32097-1987	30				

9. Name and Address of Current Registered Agent

**TERRELL J POWELL
2215 E. STATE ROAD 200
YULEE FL 32097**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNTON, GALEN	1.2 NAME	Kathy L. Ball
STREET ADDRESS	1774 HAMMOCK DR	1.3 STREET ADDRESS	1781 Hammock Dr
CITY-ST-ZIP	FERNANDINA BEACH FL	1.4 CITY-ST-ZIP	Fernandina Beach FL 32034
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALL, SIDNEY C.	2.2 NAME	Dale Blansett
STREET ADDRESS	1781 HAMMOCK DR.	2.3 STREET ADDRESS	P.O. Box 1525 N/A
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	2.4 CITY-ST-ZIP	Fernandina Beach FL 32035-1525
TITLE	S/D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWEC, ALEXANDRIA	3.2 NAME	Valdemar Schwec
STREET ADDRESS	1785 HAMMOCK DR.	3.3 STREET ADDRESS	1785 Hammock CT
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	3.4 CITY-ST-ZIP	Fernandina Beach FL 32034
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	700001763667
STREET ADDRESS		6.3 STREET ADDRESS	-04/01/96--01010--022
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy L. Ball Kathy L. Ball 02/2/96

Date

Daytime Phone #

CR2E037 (12/95)

pm 3-29-1996