

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 1987 YULEE FL 32097-1987 US
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3. Date Incorporated or Qualified 10/11/1991	
4. FEI Number 59-3082716	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 26
Zip 24	Country 25
Zip 29	Country 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	POND, GARY
STREET ADDRESS	1778 HAMMOCK DR
CITY-ST-ZIP	FERNANDINA BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KEYSER, JOHN
STREET ADDRESS	1786 HAMMOCK DR
CITY-ST-ZIP	FERNANDINA BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PRESSLEY, WAYNE
STREET ADDRESS	1778 HAMMOCK DR
CITY-ST-ZIP	FERNANDINA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dale Blawsatt
1.3 STREET ADDRESS	1772 Hammock Dr
1.4 CITY-ST-ZIP	Fernandina Beach FL 32034
2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Melba Keyser
2.3 STREET ADDRESS	1786 Hammock Dr
2.4 CITY-ST-ZIP	Fernandina Beach FL 32034
3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Patricia Murray
3.3 STREET ADDRESS	1713 Hammock Dr
3.4 CITY-ST-ZIP	Fernandina Beach FL 32034
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Dale Blawsatt* **DORIE BLAWSATT** 1/30/98 (904) 761-5162

CR2E037 (10/97)