

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45600

1. Entity 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 32041-1987
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PD	BLANSETT, DALE	1772 HAMMOCK DR	FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/>
VPD	KEYSER, MELBA	1786 HAMMOCK DR	FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/>
STD	MURRAY, PATRICIA	1793 HAMMOCK DR	FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
PD	Gary Pond	1778 Hammock Dr	Fernandina Bch FL 32034	<input type="checkbox"/>
VD	Don Bruchman	1733 Hammock Dr	Fernandina Bch FL 32034	<input type="checkbox"/>
	Mike Raab	1794 Hammock Dr	Fernandina Bch FL 32034	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90029 008 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3082716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)