

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90082 005 ****61.25

DOCUMENT # N45600

1. Entity Name

4999 PARKWAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**1774 HAMMOCK DRIVE
AMELIA ISLAND, FL 32034-5609 US**

Mailing Address

**1774 HAMMOCK DRIVE
AMELIA ISLAND, FL 32034-5609 US**

DO NOT WRITE IN THIS SPACE



02222005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3082716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCOTT, ERIS W
1774 HAMMOCK DRIVE
AMELIA ISLAND, FL 32034-5609**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MELTZER, CURTIS
STREET ADDRESS 1790 HAMMOCK DRIVE
CITY-ST-ZIP AMELIA ISLAND, FL 320345609

TITLE VPD
NAME RAAB, MIKE
STREET ADDRESS 1794 HAMMOCK DR
CITY-ST-ZIP AMELIA ISLAND, FL 32034

TITLE STD
NAME SCOTT, ERIS W
STREET ADDRESS 1774 HAMMOCK DR.
CITY-ST-ZIP AMELIA ISLAND, FL 320345609

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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:

Eric W. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05
Date

904-491-0212
Daytime Phone #