


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90028 032 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>P.O. Box 16813</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>FERNANDINA BEACH, FL</i>		4. FEI Number 59-3082716	
Zip 32035		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, ERIS W 1774 HAMMOCK DRIVE AMELIA ISLAND, FL 32034-5609				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAYMAN, JAMES H 1779 HAMMOCK DRIVE AMELIA ISLAND, FL 32034 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAYMAN, JAMES H 1779 HAMMOCK DRIVE AMELIA ISLAND FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARRAY, PATRICIA T 1793 HAMMOCK COURT AMILIA ISLAND, FL 32034 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEMILLE, JOSEPH 1796 HAMMOCK DRIVE AMELIA ISLAND FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STMD SCOTT, ERIS W 1774 HAMMOCK DR. AMELIA ISLAND, FL 320345609 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLANEY, MICHAEL W 1777 HAMMOCK DRIVE AMELIA ISLAND, FL 32034 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POND, GARY 1778 HAMMOCK DR AMELIA ISLAND, FL 320345609 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POND, GARY 1778 HAMMOCK DRIVE AMELIA ISLAND, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>ERIS W. SCOTT</i> ERIS W. SCOTT			2/10/06		904-491-0212
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>