

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90308 013 \*\*\*\*61.25

**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 32097-1987  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3082716**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	POND, GARY	
STREET ADDRESS	1778 HAMMOCK DR	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RAAB, MIKE	
STREET ADDRESS	1794 HAMMOCK DR	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	DAUCHMAN, DONALD	
STREET ADDRESS	1782 HAMMOCK DR7	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keyser, Medra L.	
STREET ADDRESS	1796 Hammock Dr	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raab, Mike	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Scott	
STREET ADDRESS	1774 Hammock Dr	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Medra L. Keyser*

4/17/03

904-272-2941

CR2E037 (10/02)