

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46868** (8)

1. Corporation Name
4811 PARKWAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
P. O. BOX 6357 FERNANDINA BEACH FL 32034 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/16/1992** 3a. Date of Last Report **04/14/1994**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**COMEY, DENNIS F.
1790 FAIRWAY DR.
AMELIA ISLAND FL 32034**

10. Name and Address of New Registered Agent
81 Name **GERALD HUDGINS**
82 Street Address (P.O. Box Number is Not Acceptable) **4832 HINSON PLACE**
83
84 City **AMELIA ISLAND** FL 85 Zip Code **32034**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **GERALD HUDGINS** DATE **4-23-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	COMEY, DENNIS
STREET ADDRESS	1790 FAIRWAY DR.
CITY - ST - ZIP	AMELIA ISLAND FL
TITLE	VD
NAME	VANPUYMBROUCK, ROBERT
STREET ADDRESS	1783 FAIRWAY DR.
CITY - ST - ZIP	AMELIA ISLAND FL
TITLE	STD
NAME	GAY, SANDY
STREET ADDRESS	1791 FAIRWAY DR.
CITY - ST - ZIP	AMELIA ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GERALD HUDGINS
1.3 STREET ADDRESS	4832 HINSON PLACE
1.4 CITY - ST - ZIP	AMELIA ISLAND, FL. 32034
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *[Signature]* **GERALD HUDGINS** DATE **4-23-95** 904-377-5797
Signature and typed or printed name of signing officer or director (Date) (Daytime Phone #)