## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 09 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPÓRATIONS

DOCUMENT #

N46868

(8)

## 4811 PARKWAY COMMUNITY ASSOCIATION, INC.

Principal Plac	e of Business	Mailing Address		
ranciparriac	e oi busiiless	Mailing Address		
P. O. BOX 635	7	P. O. BOX 6357		
FERNANDINA BEACH FL 32034		FERNANDINA BEACH FL 32035-6957		
US		US		0 B4 1
				3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996
<b>A B</b>		1		
<del></del>	lace of Business	2a. Mailing Address		4. FEI Number Applied For Not Applied For Not Applied For
21		26		Not Applicable Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Country	8. This corporation has flability for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes
1	9. Name and Address of Currer		001	10. Name and Address of New Registered Agent
			81 Name	
1415041	0.000410			
	s, gerald		82 Street	Address (P.O. Box Number is Not Acceptable)
	NSON PLACE			
AMELIA	ISLAND FL 32034		83	
			84 City	les Zin Code
			City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617,1508. Florida Statute	s. the above-named	d corporation submits this statement for the purpose of changing its registered
Office or r	enistered agent, or both, in the State	rof Florida. Such change was ar	uthorized by the cor	rporation's board of directors. I hereby accept the appointment as registered
agent. i a	m familiar with, and accept the oblig	ations of, Section 617.0503, Flor	ida Statutes.	
SIGNATURE .				
	Signature, typed or printed name of registered age	<del></del>		re required when re-installing) DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.9 TITLE	☐ Change ☐ Addition
NAME	HUDGINS, GERALD		1.P NAME	
STREET ADDRESS	4832 HINSON PLACE		1.B STREET ADDRESS	
CITY-ST-ZIP	amelia island fl		1.4 CITY-ST-ZIP	
TITLE	<b>V</b> D	<b>₩</b> DELETE	21 TITLE	✓ Change Addition
NAME	VANPUYMBROUCK, ROBERT		2.P. NAME	DAVID HINGA
STREET ADDRESS	1793 FAIRWAY DR.			11020 Winson Place
			2.B STREET ADDRESS	DAVID HINGA  4830 HINSON PLACE  AMELIA ISLAND FL 32034
CITY-ST-ZIP	AMELIA ISLAND FL	T pares	2. 4 DITY-ST-ZIP	AMELIA ISLAND PL 37034
TITLE	STD	DELETE	3.4 TITLE	☐ Change ☐ Addition
NAME	gay, sandy		3.2 NAME	
STREET ADDRESS	1791 FAIRWAY DR.		3.B STREET ADDRESS	
CITY-ST-ZIP	amelia island fl		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME		-	4. 2 NAME	The state of the s
STREET ADDRESS			· F	
			4.B STREET ADDRESS	
CITY-ST-ZIP		Hariera	4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.4 TITLE	Change Addition
NAME			5.⊉ NAME	
STREET ADDRESS			5.8 STREET ADDRESS	
CITY-ST-ZIP	1.35 c		5.4 CITY-ST-ZIP	
TITLE		DELETE	6.4 TITLE	Change Addition
NAME				- Change - Foundation
			6.P NAME	
STREET ADDRESS			6.8 STREET ADDRESS	
COV. CT. 710			C I OLDV OT TID	1

14. I do 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 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 receivor 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.

27 Parketteller M. A. C. C. Cress C. R.