

FILE NOW: FILING FEE IS \$61.25

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**Mar 19 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46868 (8)

1. Corporation Name
4811 PARKWAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business P. O. BOX 6357 FERNANDINA BEACH FL 32034 US	Mailing Address P. O. BOX 6357 FERNANDINA BEACH FL 32034 US
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21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 01/16/1992	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HUDGINS, GERALD
4832 HINSON PLACE
AMELIA ISLAND FL 32034**

10. Name and Address of New Registered Agent

81 Name	Daniel M Tucker
82 Street Address (P.O. Box Number is Not Acceptable)	1793 Fairway Dr
83	
84 City	Amelia Island FL 85 Zip Code 32034

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE: *Daniel M Tucker* **Daniel M Tucker** **3/16/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUDGINS, GERALD	
STREET ADDRESS	4832 HINSON PLACE	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	VO	<input checked="" type="checkbox"/> DELETE
NAME	HINGA, DAVID	
STREET ADDRESS	4830 HINSON PLACE	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GAY, SANDY	
STREET ADDRESS	1701 FAIRWAY DR.	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Tucker, Daniel	
1.3 STREET ADDRESS	1793 Fairway Dr	
1.4 CITY-ST-ZIP	Amelia Island FL	
2.1 TITLE	VO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cathy Neal	
2.3 STREET ADDRESS	4828 Hinson Pl	
2.4 CITY-ST-ZIP	Amelia Island FL	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Marge Corney	
3.3 STREET ADDRESS	1790 Fairway Dr	
3.4 CITY-ST-ZIP	Amelia Island FL	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Daniel M Tucker* **Daniel M Tucker** **3/16/98** **904-261-2434**

CR2E037 (10/97)