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Secretary of State

05-04-2000 90221 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N46868
 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



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	01/16/1992
22	City & State	City & State	4. FEI Number
	Zip	Zip	NOT APPLICABLE
23	Country	Country	Applied For
			Not Applicable
24			5. Certificate of Status Desired
25		29	<input type="checkbox"/> \$8.75 Additional Fee Required
		30	6. Election Campaign Financing
			Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TUCKER, DANIEL M 1793 FAIRWAY DR AMELIA ISLAND FL 32034	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, DANIEL	1.2 NAME	MARIO HARTTEL
STREET ADDRESS	1793 FAIRWAY DR	1.3 STREET ADDRESS	1706 FAIRWAY DR
CITY-ST-ZIP	AMELIA ISLAND FL	1.4 CITY-ST-ZIP	AMELIA ISLAND FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, CATHY	2.2 NAME	ROBERT PENDER
STREET ADDRESS	4828 HINSON PL	2.3 STREET ADDRESS	1709 FAIRWAY DR
CITY-ST-ZIP	AMELIA ISLAND FL	2.4 CITY-ST-ZIP	AMELIA ISLAND FL
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, SANDY	3.2 NAME	MARGE COMEY
STREET ADDRESS	1791 FAIRWAY DR.	3.3 STREET ADDRESS	1790 FAIRWAY DR
CITY-ST-ZIP	AMELIA ISLAND FL	3.4 CITY-ST-ZIP	AMELIA ISLAND FL
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMEY, MARGE	4.2 NAME	
STREET ADDRESS	1790 FAIRWAY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 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, with all other like empowered.

SIGNATURE: ~~Signature Required~~ **3/10/99** ~~904-741-6261~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mario Harttel **4/29/00** **(904) 261-8099**
Date Daytype Phone #