NONPROFIT CORPORATION ANNUAL REPORT



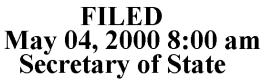
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N46868

1. Corporation Name



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

4811 PARKWAY COMMUNITY ASSOCIATION, INC.									
Principal Place of Business Mailing Address P. O. BOX 6357 P. D. BOX 6357 P. D. BOX 6357 PERNANDINA BEACH FL 32034 PERNANDINA BEACH FL 32 US US				2034					
	Place of Business	2a. Mailing Address				3. Date incorporated or Qualifed			
21 26						_01/16/1992			
⊢						4 FEI Number NOT APPLICABLE	ff '	pplied For	
22 27						NOT APPLICABLE		ot Applicable	
23 28						5. Certifcate of Status Desired		Additional equired	
Zip	Country	Zip	Country	,		6. Election Campaign Financing		_ -	
24	25	29	30			Trust Fund Contribution		May Be 💠	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Reg			
			81	Name		,			
TUCKER, DANIEL M				Street	Addres	s (P.O. Box Number is Not Acceptable	1		
1793 FAIRWAY DR							,		
AMELIA I	ISLAND FL 32034		83			•			
			84	City			85 Zip (Code	
11 Diversion	1 to the	500				<u> </u>			
office or	registered agent, or both, in the Sta	502 and 617.1508, Florida Statutes te of Florida. Such change was aut	s, the above horized by	-named the com	corporation'	ation submits this statement for the pur s board of directors. I hereby accept th	pose of changing its	registered distered	
agent. I	am familiar with, and accept the obli	gations of, Section 617.0503, Florid	ia Statutes.			'		g.0.0,00 . ,,	
SIGNATURE	Signature, typed or printed name of registered a	new and title if annicable (MOTS) S	legistered Ageni					•	
12.		AND DIRECTORS	13.	signature (reduired Wi	ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO	RS IN 12	
TILE	PD	☐ DELETE	1.1 TITLE	•	17		[2] Change	Addition	
NAME	TUCKER, DANIEL		1.2 NAME			ARION HAFTEL			
STREET ADDRESS	1		1.3 STREET	ADDRESS	170	SG FAIRWAY DR			
CITY-ST-ZIP	AMELIA ISLAND FL		1.4 CITY-ST	-ZIP	An	HELLA ISLAND FZ			
TITLE	VD	☐ DELETE	2.1 ΠΠLE		V		⊘ Change	☐ Addition	
NAME	NEAL, CATHY		2.2 NAME			BENDEAL	•		
STREET ADDRESS	1 1020 11110011112		2.3 STREET	ADDRESS		9 FAIRWAY DR		i	
CITY-ST-ZIP	AMELIA ISLAND FL		2, 4 CITY-ST	-ZIP	L	sum island fl			
TITLE	SID	≠ EN DELETE	3.1 TTLE			netary Arch comey	Change	Addition i	
NAME	GAY, SANDY		3.2 NAME		1.50	40 FAIRWAY DL			
STREET ADDRESS			3.3 STREET	ADORESS	-			.	
CITY-ST-ZIP TITLE	AMELIA ISLAND FL			-ZIP	MW.	ELIA ISWWD FC			
NAME	STD .	□ bere≀e	4.1 TITLE				☐ Change	Addition	
STREET ADDRESS	COMEY, MARGE 1790 FAIRWAY DR		4.2 NAME						
CITY-ST-ZIP	AMELIA ISLAND FL		4.3 STREET	[ļ	
TITLE	AMELIA IOLAND FL	☐ DELETE	4.4 CITY-ST- 5.1 TITLE	ZIP			Change	Addition	
NAME			5.2 NAME				fard Crimingo	ا المحالمات اليها	
STREET ADDRESS		ĺ	5.3 STREET A	ODRESS		·		į	
CITY-ST-ZIP			5.4 CITY-ST-	I				ļ	
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition	
NAME			6.2 NAME				_ ·	i	
STREET ADDRESS			6.3 STREET A	DORESS		: ·		ſ	
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 appreciate minute of the corporation of the corporation of the corporation of the corporation of 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 appreciate minute of the corporation of the corporation

SIGNATURE: