

2001 UNIFORM BUSINESS REPORT (UBR)

4/18

FILED
May 18, 2001 8:00 am
Secretary of State

04-18-2001 90105 049 ****61.25

DOCUMENT # N46868

1. Entity Name

4811 PARKWAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P. O. BOX 6357
 FERNANDINA BEACH FL 32034
 US

P. O. BOX 6357
 FERNANDINA BEACH FL 32034
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3694402
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUCKER, DANIEL M
1793 FAIRWAY DR
AMELIA ISLAND FL 32034

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: TUCKER, DANIEL
 STREET ADDRESS: 1793 FAIRWAY DR
 CITY-ST-ZIP: AMELIA ISLAND FL Delete

TITLE: PRESIDENT
 NAME: LARRY F GRINER
 STREET ADDRESS: 1797 FAIRWAY DRIVE
 CITY-ST-ZIP: AMELIA ISLAND FL Change Addition

TITLE: VD
 NAME: NEAL, CATHY
 STREET ADDRESS: 4828 HINSON PL
 CITY-ST-ZIP: AMELIA ISLAND FL Delete

TITLE: VICE-PRESIDENT
 NAME: JERRY HUDGINS
 STREET ADDRESS: 4832 HINSON PLACE
 CITY-ST-ZIP: AMELIA ISLAND, FL Change Addition

TITLE: STD
 NAME: GAY, SANDY
 STREET ADDRESS: 1791 FAIRWAY DR.
 CITY-ST-ZIP: AMELIA ISLAND FL Delete

TITLE: SEC/TREAS
 NAME: ALICE GIZZO
 STREET ADDRESS: 1787 FAIRWAY DRIVE
 CITY-ST-ZIP: AMELIA ISLAND, FL Change Addition

TITLE: STD
 NAME: COMEY, MARGE
 STREET ADDRESS: 1790 FAIRWAY DR
 CITY-ST-ZIP: AMELIA ISLAND FL Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

TITLE:
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 CITY-ST-ZIP:
 Change Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. 13. 01

904.261.8799

Date

Daytime Phone #

CR2E037 (10/00)