

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90005 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 **59-3694902**

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 reinstating)

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 **STD** ☐ Delete
 NAME **GIZZO, ALICE**
 STREET ADDRESS **1787 FAIRWAY DRIVE**
 CITY-ST-ZIP **AMELIA ISLAND FL**

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

TITLE **PD** ☒ Delete
 NAME **GRINER, LARRY F**
 STREET ADDRESS **1797 FAIRWAY DRIVE**
 CITY-ST-ZIP **AMELIA ISLAND FL**

TITLE ☐ Change ☒ Addition
 NAME **Linda Martinez**
 STREET ADDRESS **4830 Hinson Place**
 CITY-ST-ZIP **Amelia Island, FL 32034**

TITLE **VPD** ☐ Delete
 NAME **HUDGINS, JERRY**
 STREET ADDRESS **4832 HINSON PLACE**
 CITY-ST-ZIP **AMELIA ISLAND FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

12. 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 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

3/14/02
 Date

904-491-0595
 Daytime Phone #

CP2E037 (9/01)