

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

0088312

**DOCUMENT # N45600**

1. Entity Name

**4999 PARKWAY COMMUNITY ASSOCIATION, INC.**

04-25-2001 90039 044 \*\*\*\*\*61.25

Principal Place of Business

2215 E STATE ROAD 200  
YULEE FL 32097  
US

Mailing Address

PO BOX 1987  
YULEE FL 32097-1987  
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

**59-3082716**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TERRELL J POWELL**  
**2215 E. STATE ROAD 200**  
**YULEE FL 32097**

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME BLANSETT, DALE ☒ Delete  
STREET ADDRESS 1772 HAMMOCK DR  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE VPD  
NAME KEYSER, MELBA ☒ Delete  
STREET ADDRESS 1786 HAMMOCK DR  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE STD  
NAME MURRAY, PATRICIA ☒ Delete  
STREET ADDRESS 1793 HAMMOCK DR  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☐ Addition  
NAME GARY POND  
STREET ADDRESS 1778 HAMMOCK DR  
CITY-ST-ZIP AMELIA ISLAND, FL 32034

TITLE VPD ☐ Change ☐ Addition  
NAME MIKE RAAB  
STREET ADDRESS 1799 HAMMOCK DR  
CITY-ST-ZIP AMELIA ISLAND, FL 32034

TITLE STD ☐ Change ☐ Addition  
NAME DONALD DRACHMAN  
STREET ADDRESS 1783 HAMMOCK DR  
CITY-ST-ZIP AMELIA ISLAND, FL 32034

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.E. POND

Date

Daytime Phone #

4/14/01 277-3971

CR2E037 (10/00)