

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90491 045 ****61.25

DOCUMENT # N45600 1. Entity Name 4999 PARKWAY COMMUNITY ASSOCIATION, INC.					
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 1774 HAMMOCK DRIVE Suite, Apt. #, etc.		3. Mailing Address 1774 HAMMOCK DRIVE Suite, Apt. #, etc.			
City & State AMELIA ISLAND, FL		City & State AMELIA ISLAND, FL		4. FEI Number 59-3082716	
Zip 32034-5609		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 ERIS W. SCOTT Street Address (P.O. Box Number is Not Acceptable) 1774 HAMMOCK DRIVE City AMELIA ISLAND FL Zip Code 32034-5609	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>ERIS W. SCOTT</i></u> ERIS W. SCOTT, TREASURER <u>4/22/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reactivating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEYSER, MEDRA L 1786 HAMMOCK DR. AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURTIS MELTZER 1790 HAMMOCK DRIVE AMELIA ISLAND, FL 32034-5609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAAB, MIKE 1794 HAMMOCK DR AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCOTT, BILL 1774 HAMMOCK DR. AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ERIS W. SCOTT 1774 HAMMOCK DRIVE AMELIA ISLAND, FL 32034-5609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>ERIS W. SCOTT, Treasurer</i></u> <u>4/22/2004</u> <u>904-491-0212</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					