


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90089 033 ****61.25

DOCUMENT # N45600
 1. Entity Name
 4999 PARKWAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business
 1774 HAMMOCK DRIVE
 AMELIA ISLAND, FL 32034-5609 US

Mailing Address
 1774 HAMMOCK DRIVE
 AMELIA ISLAND, FL 32034-5609 US

40014392



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02072007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 59-3082716

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCOTT, ERIS W
 1774 HAMMOCK DRIVE
 AMELIA ISLAND, FL 32034-5609

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELTZER, CURTIS 1790 HAMMOCK DRIVE AMELIA ISLAND, FL 320345609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAAB, MIKE 1794 HAMMOCK DR AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TM SCOTT, ERIS W 1774 HAMMOCK DR. AMELIA ISLAND, FL 320345609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEYSER, MEDRA 1786 HAMMOCK DR AMELIA ISLAND, FL 320345609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POND, GARY 1778 HAMMOCK DR AMELIA ISLAND, FL 320345609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAYMAN, JAMES H 1779 HAMMOCK DRIVE AMELIA ISLAND, FL 320345609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MURRAY, PATRICIA T. 1793 HAMMOCK COURT AMELIA ISLAND FL 320345609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STMD SCOTT, ERIS W. 1774 HAMMOCK DRIVE AMELIA ISLAND FL 320345609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLANEY, MICHAEL W 1777 HAMMOCK DRIVE AMELIA ISLAND FL 320345609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ERIS W. SCOTT Eris W. Scott 2/8/07 9044910212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #