


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90028 032 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 16813	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FERNANDINA BEACH, FL	
Zip	Country	Zip	Country
		32035	USA
4. FEI Number 59-3082716		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCOTT, ERIS W 1774 HAMMOCK DRIVE AMELIA ISLAND, FL 32034-5609		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 _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$61.25 Due by May 1, 2008		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	PD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYMAN, JAMES H	NAME	LAYMAN, JAMES H
STREET ADDRESS	1779 HAMMOCK DRIVE	STREET ADDRESS	1779 HAMMOCK DRIVE
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	CITY-ST-ZIP	AMELIA ISLAND FL 32034
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARRAY, PATRICIA T	NAME	DEMILLE, JOSEPH
STREET ADDRESS	1793 HAMMOCK COURT	STREET ADDRESS	1796 HAMMOCK DRIVE
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	CITY-ST-ZIP	AMELIA ISLAND FL 32034
TITLE	STMD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, ERIS W	NAME	
STREET ADDRESS	1774 HAMMOCK DR.	STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND, FL 320345609	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLANEY, MICHAEL W	NAME	
STREET ADDRESS	1777 HAMMOCK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POND, GARY	NAME	POND, GARY
STREET ADDRESS	1778 HAMMOCK DR	STREET ADDRESS	1778 HAMMOCK DRIVE
CITY-ST-ZIP	AMELIA ISLAND, FL 320345609	CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>ERIS W. SCOTT</u> ERIS W. SCOTT		Date: <u>2/10/08</u> Daytime Phone #: <u>904-491-0212</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			