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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N46835** (7)
1. Corporation Name
5115 PARKWAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 145 AMELIA ISLAND FL 32035 P.O. BOX 145 AMELIA ISLAND FL 32035

2. Principal Place of Business 2a. Mailing Address
21 P.O. Box 145 25 P.O. Box 145
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 Fernandina Beach, FL 29 Fernandina Beach, FL
24 Zip 32035 25 Country Nassau 29 Zip 32035 30 Country Nassau

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
01/10/1992 04/28/1994

4. FEI Number 59-3109692 Applied For Not Applicable

5. Certificate of Status Desired \$0.75 Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MARINO, JAMES
1786 ARBOR DR.
AMELIA ISLAND FL 32034

10. Name and Address of New Registered Agent
81 Name No Change
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *James Marino* JAMES MARINO 4/12/95 DATE
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARINO, JAMES
STREET ADDRESS	1786 ARBOR DR.
CITY - ST - ZIP	AMELIA ISLAND FL 32034
TITLE	V
NAME	KURTZ, MYERS
STREET ADDRESS	1799 JACKSON CT.
CITY - ST - ZIP	AMELIA ISLAND FL 32034
TITLE	S
NAME	MOORE, EDITH
STREET ADDRESS	1783 ARBOR DR.
CITY - ST - ZIP	AMELIA ISLAND FL 32034
TITLE	T
NAME	LYTWIN, EMILIA
STREET ADDRESS	1798 ARBOR DR.
CITY - ST - ZIP	AMELIA ISLAND FL 32034
TITLE	D
NAME	BATSON, MACK
STREET ADDRESS	1794 ARBOR DR.
CITY - ST - ZIP	AMELIA ISLAND FL 32034
TITLE	D
NAME	GENR, GINGER
STREET ADDRESS	1797 JACKSON CT.
CITY - ST - ZIP	AMELIA ISLAND FL 32034

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEE ATTACHED SHEET FOR LISTING OF OFFICERS AND DIRECTORS
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edith Moore* EDITH MOORE 4/12/95 904/277-6909
Signature and typed or printed name of signing officer or director Date (Area Phone #)

N46830

13. OFFICERS AND DIRECTORS CHANGES		
1.1	Title	P
1.2	Name	James Marino
1.3	Address	1786 Arbor Drive
1.4	City-St.ZIP	Amelia Island, FL 32034
2.1	Title	VP
2.2	Name	Myers Kurtz
2.3	Address	1799 Jackson Court
2.4	City-St.ZIP	Amelia Island, FL 32034
3.1	Title	S
3.2	Name	Edith Moore
3.3	Address	1793 Arbor Drive
3.4	City-St.ZIP	Amelia Island, FL 32034
4.1	Title	T
4.2	Name	Emilia Lytwyn
4.3	Address	1796 Arbor Drive
4.4	City-St.ZIP	Amelia Island, FL 32034
5.1	Title	D
5.2	Name	Mack Batson
5.3	Address	1794 Arbor Drive
5.4	City-St.ZIP	Amelia Island, FL 32034
6.1	Title	D
6.2	Name	Arthur Paige
6.3	Address	1788 Jackson Court
6.4	City-St.ZIP	Amelia Island, FL 32034
7.1	Title	D
7.2	Name	Kenneth Spitzform
7.3	Address	1785 Jackson Court
7.4	City-St.ZIP	Amelia Island, FL 32034