

FILE NOW: FILING FEE IS \$61.25

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**Mar 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46835 (7)

1. Corporation Name
5115 PARKWAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business P.O. BOX 145 FERNANDINA BEACH FL 32035 US	Mailing Address P.O. BOX 145 FERNANDINA BEACH FL 32035 US
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3. Date Incorporated or Qualified 01/10/1992	
4. FEI Number 59-3109692	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**MESSLER, TERRY
1784 JACKSON COURT
AMELIA ISLAND FL 32034**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when relating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MESSLER, TERRY	
STREET ADDRESS	1784 JACKSON COURT	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GAY, KENNETH	
STREET ADDRESS	1798 JACKSON COURT	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, EDITH	
STREET ADDRESS	1793 ARBOR DR.	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HUNTLEY, HARLAN	
STREET ADDRESS	1798 JACKSON COURT	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FYE, MARTY	
STREET ADDRESS	1787 JACKSON COURT	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPITZFORM, KENNETH	
STREET ADDRESS	1785 JACKSON COURT	
CITY-ST-ZIP	AMELIA ISLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEHR, GINGER	
1.3 STREET ADDRESS	1797 Jackson Court	
1.4 CITY-ST-ZIP	Amelia Island FL 32034	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MESSLER, TERRY	
2.3 STREET ADDRESS	1784 Jackson Court	
2.4 CITY-ST-ZIP	Amelia Island FL 32034	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TOLG, ROBERT	
3.3 STREET ADDRESS	1797 Arbor Drive	
3.4 CITY-ST-ZIP	Amelia Island FL 32034	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HUNTLEY, HARLAN	
4.3 STREET ADDRESS	1796 Jackson Court	
4.4 CITY-ST-ZIP	Amelia island FL 32034	
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 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 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 _____

CR2E037 (10/97)