

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46835

1. Entity Name

5115 PARKWAY COMMUNITY ASSOCIATION, INC.

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90012 013 ****61.25

Principal Place of Business P.O. BOX 145 FERNANDINA BEACH FL 32035 US	Mailing Address P.O. BOX 145 FERNANDINA BEACH FL 32035-0145 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3109692	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MESSLER, TERRY
 1784 JACKSON COURT
 AMELIA ISLAND FL 32034

7. Name and Address of New Registered Agent

Name **FYE, MARTHA**
 Street Address (P.O. Box Number is Not Acceptable)
1787 JACKSON COURT
 City **AMELIA ISLAND** FL Zip Code **32034**

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.

SIGNATURE *Robert G. Tolk, Jr.* **ROBERT G. TOLK, JR., TREASURER**

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

FILE NOW:
FEES IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GEHR, GINGER	
STREET ADDRESS	1797 JACKSON CT	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GAY, KENNETH	
STREET ADDRESS	1798 JACKSON COURT	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	TOLG, ROBERT	
STREET ADDRESS	1797 ARBOR DR	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUNTLEY, HARLAN	
STREET ADDRESS	1798 JACKSON CT	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLER, WILLIAM	
STREET ADDRESS	1793 ARBOR DRIVE	
CITY-ST-ZIP	AMELIA ISLAND, FL, 32034	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEHR, GINGER	
STREET ADDRESS	1797 JACKSON CT.	
CITY-ST-ZIP	AMELIA ISLAND, FL, 32034	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FYE, MARTHA	
STREET ADDRESS	1787 JACKSON COURT	
CITY-ST-ZIP	AMELIA ISLAND FL, 32034	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MESSLER, TERRY	
STREET ADDRESS	1784 JACKSON COURT	
CITY-ST-ZIP	AMELIA ISLAND, FL, 32034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Robert G. Tolk, Jr.* **ROBERT G. TOLK, JR.** **5/17/00** **(904) 261-6149**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)