

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03/06/02

DOCUMENT # N46835

1. Entity Name

5115 PARKWAY COMMUNITY ASSOCIATION, INC.

03-06-2002 90054 008 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 145
 FERNANDINA BEACH FL 32035
 US

P.O. BOX 145
 FERNANDINA BEACH FL 32035
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3109692

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARBOUR, JIM
 1795 ARBOR DR
 FERNANDINA BEACH FL 32034

Name **Paige, Arthur**
 Street Address (P.O. Box Number is Not Acceptable)
1788 Jackson Ct.

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 *Arthur Paige*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/21/02

DATE

FILE NOW: FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **PAIGE, ARTHUR**
 STREET ADDRESS **1788 JACKSON CT**
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **P** Change Addition
 NAME **Litrico, Charles**
 STREET ADDRESS **1790 Jackson Ct.**
 CITY-ST-ZIP **Amelia Island, Fl. 32034**

TITLE **V** Delete
 NAME **LITRICO, CHARLES**
 STREET ADDRESS **1790 JACKSON CT**
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **V** Change Addition
 NAME **Bernie McCabe**
 STREET ADDRESS **1792 Jackson Ct.**
 CITY-ST-ZIP **Amelia Island, Fl. 32034**

TITLE **T** Delete
 NAME **TOLG, ROBERT**
 STREET ADDRESS **1797 ARBOR DR**
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **T** Change Addition
 NAME **Dianne Spitzform**
 STREET ADDRESS **1785 Jackson Ct.**
 CITY-ST-ZIP **Amelia Island, Fl. 32034**

TITLE **D** Delete
 NAME **HARBOUR, JIM**
 STREET ADDRESS **1795 ARBOR DR**
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **D** Change Addition
 NAME **Tecl Barnes**
 STREET ADDRESS **1786 Jackson Ct.**
 CITY-ST-ZIP **Amelia Island, Fl. 32034**

TITLE **D** Delete
 NAME **MCCABE, BERNIE**
 STREET ADDRESS **1792 JACKSON COURT**
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **D** Change Addition
 NAME **Arthur Paige**
 STREET ADDRESS **1788 Jackson Ct.**
 CITY-ST-ZIP **Fernandina Bch, Fl 32034**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 *Dianne L. Spitzform*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dianne L. Spitzform 904-261-6478

Date

Daytime Phone #

CR2E037 (9/01)