

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90064 029 ****61.25

DOCUMENT # N46835

1. Entity 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

20032172



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04062005 Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES, ERIC H
 1785 ARBUR DRIVE
 AMELIA ISLAND, FL 32034

Name Kim Hughes
 Street Address (P.O. Box Number is Not Acceptable) 1785 Arbor Drive
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kim Hughes, Treasurer

4/5/05
 DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, ERIC	
STREET ADDRESS	1785 ARBUR DRIVE	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MEADORS, JEANNETTE	
STREET ADDRESS	1796 JACKSON COURT	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GAIL, HOWARD	
STREET ADDRESS	1799 ARBOR DRIVE	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MILLER, WILLIAM N	
STREET ADDRESS	1793 ARBOR DRIVE	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARDEN, SUE	
STREET ADDRESS	1794 JACKSON COURT	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steel, Edie	
STREET ADDRESS	1787 Arbor Drive	
CITY-ST-ZIP	Amelia Island, FL 32034	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hughes, Kim	
STREET ADDRESS	1785 Arbor Drive	
CITY-ST-ZIP	Amelia Island, FL 32034	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Connell, Maitha	
STREET ADDRESS	1799 Jackson Court	
CITY-ST-ZIP	Amelia Island, FL 32034	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hillen, William N	
STREET ADDRESS	1793 Arbor Drive	
CITY-ST-ZIP	Amelia Island, FL 32034	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Richard	
STREET ADDRESS	1794 Jackson Court	
CITY-ST-ZIP	Amelia Island, FL 32034	
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 supplementary 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 lines empowered.

SIGNATURE: Kim Hughes, Treasurer

4/5/05 (904) 583-2100
 Date Daytime Phone #