

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 like empowered.

SIGNATURE:

Kim Hughes, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05 (904) 583-2110

Date Daytime Phone #