

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90278 033 ****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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3109692

Applied For
Not Applicable

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

SMITH, RICHARD
1784 JACKSON CT
FERNANDINA BEACH, 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

[Signature]

4/18/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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	MCCARR, JOY	
STREET ADDRESS	1792 JACKSON CT	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPITEFORM, DIANNE	
STREET ADDRESS	1785 JACKSON CT	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CONNEL, MAROTHI	
STREET ADDRESS	1799 JACKSON COURT	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GAY, KEN	
STREET ADDRESS	1798 JACKSON CT	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMITH, RICHARD	
STREET ADDRESS	1784 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	Diane Spitzbaum	
STREET ADDRESS	1785 Jackson Court	
CITY-ST-ZIP	Fernandina Beach FL 32034	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ginger Geha	
STREET ADDRESS	1797 Jackson Court	
CITY-ST-ZIP	Fernandina Beach FL 32034	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Withens	
STREET ADDRESS	1787 Jackson Court	
CITY-ST-ZIP	Fernandina Beach FL 32034	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Tolg	
STREET ADDRESS	1797 Arbor Drive	
CITY-ST-ZIP	Fernandina Beach FL 32034	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kim Hughes	
STREET ADDRESS	1785 Arbor Drive	
CITY-ST-ZIP	Fernandina Beach 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 exemptions contained in Chapter 119, 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

[Signature] Kim Smith Hughes 4/18/07 (904) 583-2110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #