

# 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 #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

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 <u>Ken Hughes</u>			
				Street Address (P.O. Box Number is Not Acceptable) <u>1785 Arbor Drive</u>			
				City <u>Amelia Island</u> FL Zip Code <u>32034</u>			

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] DATE 4/18/07

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

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCARR, JOY 1792 JACKSON CT FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Diane Spitz Abram 1785 Jackson Court Fernandina Beach FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPITEFORM, DIANNE 1785 JACKSON CT FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ginger Geha 1797 Jackson Court Fernandina Beach FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONNEJ, MAROTHI 1799 JACKSON COURT AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary John Withens 1787 Jackson Court Fernandina Beach FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAY, KEN 1798 JACKSON CT FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bob Tolg 1797 Arbor Drive Fernandina Beach FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, RICHARD 1784 JACKSON COURT AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Ken Hughes 1785 Arbor Drive Fernandina Beach FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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 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] Ken Smith Hughes DATE 4/18/07 (904) 583-2110

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