



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90036 036 ****61.25

DOCUMENT # N46835					
1. Entity Name 5115 PARKWAY COMMUNITY ASSOCIATION, INC. <i>4161 1/2 Parkway South</i>					
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		 05132008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3109692	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
HUGHES, KIM 1785 ARBOR DR AMELIA ISLAND, FL 32034				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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: <i>Kim Withers</i>		SIGNATURE: <i>Kim Withers</i>		DATE: 5/13/08	
Signature, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPITZFORM, DIANE		NAME	<i>Director</i>	
STREET ADDRESS	1785 JACKSON CT		STREET ADDRESS	<i>1799 Jackson Court</i>	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP	<i>Amelia Island FL 32034</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEHN, GINGER		NAME	<i>President</i>	
STREET ADDRESS	1797 JACKSON CT		STREET ADDRESS	<i>Ginger Gehr</i>	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITHERS, JOHN		NAME	<i>Secretary</i>	
STREET ADDRESS	1787 JACKSON CT		STREET ADDRESS	<i>Charles Hiteico</i>	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP	<i>1790 Jackson Court</i>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOLG, BOB		NAME		
STREET ADDRESS	1797 ARBOR DR		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, KIM		NAME		
STREET ADDRESS	1785 ARBOR DR		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 life empowered.					
SIGNATURE: <i>Kim Withers</i>		DATE: 5/13/08		DAYTIME PHONE #: (904) 583-2110	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	