


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90094 034 ****61.25

DOCUMENT # N46868 1. Entity Name PARKWAY PLACE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1799 FAIRWAY DR AMELIA ISLAND FL 32034 US		Mailing Address 1799 FAIRWAY DR AMELIA ISLAND FL 32034 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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHILDS, NEIL W 1791 FAIRWAY DRIVE AMELIA ISLAND FL 32034		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	STD CHILDS, NEIL 1799 FAIRWAY DR AMELIA ISLAND FL	TITLE	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD GRINER, COLLEEN 1797 FAIRWAY DRIVE AMELIA ISLAND, FL 32034
TITLE	PD MARTINEZ, JESS 4830 HINSON PLACE FERNANDINA BEACH FL 32034	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPD KOURIE, MICHAEL 1789 FAIRWAY DRIVE AMELIA ISLAND, FL 32034
TITLE	VPD GRINER, COLLEEN 1797 FAIRWAY DRIVE AMELIA ISLAND FL 32034	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/06)

4. FEI Number **59-3694902** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Neil W. Childs* [NEIL W. CHILDS] 2/1/07 904-991-3218