


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90027 010 ****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		02032008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3694902	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 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	STD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDS, NEIL		NAME	KOURIE, MICHAEL	
STREET ADDRESS	1799 FAIRWAY DR		STREET ADDRESS	1789 FAIRWAY DRIVE	
CITY - ST - ZIP	AMELIA ISLAND, FL		CITY - ST - ZIP	AMELIA ISLAND, FL 32034	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VPO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRINER, COLLEEN		NAME	RUATTLEBAUM, JOSEPH	
STREET ADDRESS	1797 FAIRWAY DRIVE		STREET ADDRESS	1786 FAIRWAY DRIVE	
CITY - ST - ZIP	AMELIA ISLAND, FL 32034		CITY - ST - ZIP	AMELIA ISLAND, FL 32034	
TITLE	VPO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUARIE, MICHAEL		NAME		
STREET ADDRESS	1789 FAIRWAY DRIVE		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		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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CITY - ST - ZIP			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 like empowered.					
SIGNATURE: <i>Neil W. Childs</i>		NEIL W. CHILDS		2/5/08 904-991-3218	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	