FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600000590 (7)

1. Corporation Name					
PARKWAY NORTH COMMUNITY ASSOCIATION, INC.					
1					E INCERÇÃO DE OBIOLOGIA DE PRINCE DE
					
Principal Place of Business Mailing Address					
2215 E STATE RD 200 YULEE FL 32097		P O BOX XXXX 6416			3. Date Incorporated or Qualified
		xxiiiskiixxiiixxiii rnandina ⊝each,FL 32035-		61116	01/29/1996
]	rer	manoina Geachth))2U)7 -	0410	4. FEI Number Applied For
Discisol B	leas of Decision	Too Mallion Address			59-3373265 Not Applicable
2. Principal Place of Business 21 PO Box 6416		26 PO Box 6416	<u>⊢</u> == 5 /1.4/		5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22 Canopy Drive		27			Trust Fund Contribution
City & State 23 Fernandina Beach FL		City & State 28 Fernandina Beach FL		FL	7. Is this nonprofit corporation a homeowners association?
Zip 32035		7in	Country		8. This corporation owes or has paid the current year Intangible
24 32035	120		10		Personal Property Tax due June 30. Yes INo
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered Agent
TEDOC	I I DOMENI		L		Kulus Jellerson, Jr.
TERRELL J. POWELL 2215 E STATE RD 200			62	Street	at Address (P.O. Box Number is Not Acceptable)
YULEE I	FL 32097		83		
			84	City _	Fernandina Beach FI 85 ZD Code 32034
11 Durange to the gravisians of Sections 617 0500 and 617 1500 Florida Statutos			15		
office or r	egistered agent, or both, in the State	of Florida. Suob change was au	thorized by	y the corp	ed corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered
	m tamiliar with, and accept the obliga Rufus Jefferson, J	ations of, Section 617.0503, Flori	da Statute	<u></u>	9 February 1998
SIGNATURE .	Signature Typied or priviled manie of registered age		Registered Ag	ent Bignature	ure required when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		PD K Change Additio
NAME	MOORE, ROBERT		1.2 NAME		Angela Summerlin
STREET ADDRESS	4427 TITLEIST DR	04		ADDRESS	
CITY-ST-ZIP TITLE	FERNANDINA BEACH FL 320	DELETE	1.4 CITY-5 2.1 TITLE	ST-ZIP	Fernandina Beach FL 32034
NAME	LANG, JAMES R		2.1 MAME		C CALIFORNIA C TARRESTO
STREET ADDRESS	4433 TITLEIST DR			ADDRESS	s
CITY-ST-ZIP	FERNANDINA BEACH FL 320	34	2. 4 CITY-		
TITLE	VPD	DELETE	3.1 TITLE		Change Addition
NAME	SHEFFIELD, GEORGE		3.2 NAME		
STREET ADDRESS	1560 CANOPY DR		3.3 STREET	ADDRESS	S :
CITY-ST-ZIP	FERNANDINA BEACH FL 320		3.4. CITY -	ST-ZIP	1 20
TITLE	SD STEERSOON PURSUE	☐ DELETE	4.1 TITLE		Change
NAME CZDCCZ ADDDCCO	JEFFERSON, RUFUS 1547 CANOPY DR		4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP	FERNANDINA BEACH FL 320	24	4.4 CITY-1	ADDRESS	`
TITLE	TEMPANDINA DEACHTE 320	DELETE	5.1 TITLE	31-514	Change Addition
NAME			5.2 NAME		
STREET ADDRESS				T ADDRESS	s
CITY-ST-ZIP	}		5.4 CITY-5		
TITLE		DELETE	61 TITLE		☐ Change ☐ Additio
NAME			6.2 NAME		
STREET ADDRESS	}		6.3 STREET	T ADDRESS	s

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the resolver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or the same legal effect as if made under cath; that I am an officer or director of the corporation or the resolver of the same legal effect as if made under cath; that I am an officer or director of the corporation or the resolver of the same legal effect as if made under cath; that I am an officer or director of the corporation or the resolver or trusted to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or page and the same legal effect as if made under cath; that I am an officer or director of the corporation or the resolver or trusted to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an address.

SIGNATURE:

9 February 1998 277-369

FILED

Feb 17 1998 8:00am

Secretary of State

RE037 (10/97)