


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90243 036 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000590					
1. Corporation Name PARKWAY NORTH COMMUNITY ASSOCIATION, INC.					
Principal Place of Business PO BOX 6416 CANOPY DRIVE FERNANDINA BEACH FL 32035-6416 US			Mailing Address PO BOX 6416 FERNANDINA BEACH FL 32035-6416 US		



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/29/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3373265	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing <input type="checkbox"/>				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JEFFERSON, RUFUS JR. 1547 CANOPY DRIVE FERNANDINA BEACH FL 32034				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL 32034			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Peggy B. Krents *Peggy B. Krents* 1 March 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SUMMERLIN, ANGELA			1.2 NAME	Richard Callahan		
STREET ADDRESS	4411 TITLEIST DRIVE			1.3 STREET ADDRESS	4423 Titleist Drive		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034			1.4 CITY-ST-ZIP	Fernandina Beach, FL 32034		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANG, JAMES R			2.2 NAME			
STREET ADDRESS	4433 TITLEIST DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	FERNANDINA BEACH FL 32034			2.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHEFFIELD, GEORGE			3.2 NAME	William A. Tucker		
STREET ADDRESS	1560 CANOPY DR			3.3 STREET ADDRESS	1539 Canopy Drive		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034			3.4 CITY-ST-ZIP	Fernandina Beach, FL 32034		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JEFFERSON, RUFUS			4.2 NAME	Peggy B. Krents		
STREET ADDRESS	1547 CANOPY DR			4.3 STREET ADDRESS	1582 Canopy Drive		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034			4.4 CITY-ST-ZIP	Fernandina Beach, FL 32034		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peggy B. Krents *Peggy B. Krents* 1 March 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)