

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90014 040 ****61.25

DOCUMENT # N96000000590

1. Entity Name

PARKWAY NORTH COMMUNITY ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 15654
FERNANDINA BEACH FL 32035
US

Mailing Address

P.O. BOX 15654
FERNANDINA BEACH FL 32035
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3373265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORTENSEN, CHARLES A
4400 TITLEIST DR
FERNANDINA BEACH 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
DICKEY, DUANE
4403 TITLEIST DR
FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
FORREST, ROBERT
1506 CANOPY DR
FERNANDINA BEACH FL 32034 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
MORTENSEN, CHARLES
4400 TITLEIST DR
FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
DONOVAN, PAMELA
4439 TITLEIST DR
FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FLICK, DON
4445 BEAN ST
FERNANDINA BEACH FL 32034 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
JARZEN, SHAREN
1522 CANOPY DRIVE
FERNANDINA BEACH FL 32034 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☒ Change ☐ Addition

12. 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 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: *Charles A. Mortensen* **Charles A. Mortensen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04 **2/12/04** *904-321-2749*
Date Daytime Phone #