

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90014 034 ****61.25

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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

1st MOORE

CR2E037 (10/05)

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 constituting)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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	D	<input checked="" type="checkbox"/> Delete
NAME	DICKEY, DUANE	
STREET ADDRESS	4403 TITLEIST DR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE	D	<input type="checkbox"/> Delete
NAME	HIGGINS, GARY	
STREET ADDRESS	1543 CANOPY DR.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE	TD	<input type="checkbox"/> Delete
NAME	MORTENSEN, CHARLES	
STREET ADDRESS	4400 TITLEIST DR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GAYNER, PAT	
STREET ADDRESS	4447 TITLEIST DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE	VP	<input type="checkbox"/> Delete
NAME	CALLAHAN, DICK	
STREET ADDRESS	4423 TITLEIST DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHAVE, BEN	
STREET ADDRESS	4418 TITLEIST DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/O President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Andrew	
STREET ADDRESS	1559 Canopy Drive	
CITY-ST-ZIP	Fernandina Beach, FL 32034	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Fusch	
STREET ADDRESS	4431 Titleist Drive	
CITY-ST-ZIP	Fernandina Beach, FL 32034	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kay Bohrer	
STREET ADDRESS	4437 Beza St	
CITY-ST-ZIP	Fernandina Beach FL 32034	

TITLE	SD Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sylvia Cherry	
STREET ADDRESS	4407 Titleist Drive	
CITY-ST-ZIP	Fernandina Beach FL 32034	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Charles A. Mortensen* *1/22/2006* *904-321-2747*