

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90081 049 \*\*\*\*61.25

<b>DOCUMENT # N96000000590</b>					
<b>1. Entity Name</b> PARKWAY NORTH COMMUNITY ASSOCIATION, INC.					
<b>Principal Place of Business</b> P.O. BOX 15654 FERNANDINA BEACH, FL 32035 US			<b>Mailing Address</b> P.O. BOX 15654 FERNANDINA BEACH, FL 32035 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3373265	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MORTENSEN, CHARLES A 4400 TITLEIST DR FERNANDINA BEACH, FL 32034			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> ANDREW, LINDA <b>STREET ADDRESS</b> 1559 CANOPY DR <b>CITY-ST-ZIP</b> FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Gary Farnsworth <b>STREET ADDRESS</b> 4439 Titleist Drive <b>CITY-ST-ZIP</b> Fernandina Beach, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HIGGINS, GARY <b>STREET ADDRESS</b> 1543 CANOPY DR. <b>CITY-ST-ZIP</b> FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DVP <b>NAME</b> Linda Andrew <b>STREET ADDRESS</b> 1559 Canopy Drive <b>CITY-ST-ZIP</b> Fernandina Beach, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> MORTENSEN, CHARLES <b>STREET ADDRESS</b> 4400 TITLEIST DR <b>CITY-ST-ZIP</b> FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Larry Krents <b>STREET ADDRESS</b> 1582 Canopy Drive <b>CITY-ST-ZIP</b> Fernandina Beach, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> CZRTER, BECKY <b>STREET ADDRESS</b> 1578 CANOPY DR <b>CITY-ST-ZIP</b> FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Ruth Zellars <b>STREET ADDRESS</b> 4403 Titleist Drive <b>CITY-ST-ZIP</b> Fernandina Beach, FL 32034	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> CALLAHAN, DICK <b>STREET ADDRESS</b> 4423 TITLEIST DRIVE <b>CITY-ST-ZIP</b> FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Susan McEwen <b>STREET ADDRESS</b> 1550 Canopy Drive <b>CITY-ST-ZIP</b> Fernandina Beach, FL 32034	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> FUSCH, KEN <b>STREET ADDRESS</b> 4431 TITLEIST DR <b>CITY-ST-ZIP</b> FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Charles Mortensen</i>			4/15/08 904-321-2749		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		