

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morzhum
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -7 AM 10:46

DOCUMENT # **738833** (3)

1. Corporation Name
LINKSIDE AT BAYMEADOWS, INC.

Principal Place of Business Mailing Address
HOME OWNERS ASSOCIATION **HOME OWNERS ASSOCIATION**
P.O. BOX 550573 **P.O. BOX 550573**
JACKSONVILLE FL 32255-7573 **JACKSONVILLE FL 32255-7573**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/25/1977** 3a. Date of Last Report **04/25/1994**
4. FEI Number **59-1862868** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
DAVID F. FOSS
9243 INVERRARY CT.
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
81 Name **David DePhillips**
82 Street Address (P.O. Box Number is Not Acceptable) **9217 Inverrary Ct**
83
84 City **Jacksonville FL** 85 Zip Code **32256**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *David DePhillips* *David DePhillips* **4/3/95**
Signature (Hand or printed name of registered agent and date of application) (NOTE: Registered Agent signature is required when no filing)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEPHILLIPS, DAVID
STREET ADDRESS	9217 INVERRARY CT.
CITY - ST - ZIP	JACKSONVILLE FL 32256
TITLE	V
NAME	BEQUE, MIKE
STREET ADDRESS	7904 LINKSIDE DRIVE
CITY - ST - ZIP	JACKSONVILLE FL 32256
TITLE	T
NAME	FOSS, DAVID P.
STREET ADDRESS	9243 INVERRARY CT.
CITY - ST - ZIP	JACKSONVILLE FL 32256
TITLE	S
NAME	SUSAN RICHARDSON
STREET ADDRESS	9229 CAROLUSTIE LA.
CITY - ST - ZIP	JACKSONVILLE FL 32256
TITLE	D
NAME	CREEHAN, JOHN
STREET ADDRESS	7814 CYPRESS POINT COURT
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	DIAZ, FULVIO
STREET ADDRESS	9212 INVERRARY CT.
CITY - ST - ZIP	JAX FL 32258

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Buck Coloman
3.3 STREET ADDRESS	7813 Baymeadows Csw
3.4 CITY - ST - ZIP	Jax Fla 32256
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Harry Broom
4.3 STREET ADDRESS	9219 Spyglass Ct.
4.4 CITY - ST - ZIP	Jax Fla 32256
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *David DePhillips* / *David DePhillips* **4/3/95** **904-737-0929**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Multiple Issues)