

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 738833 (3)
1. Corporation Name
LINKSIDE AT BAYMEADOWS, INC.



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| Principal Place of Business HOME OWNERS ASSOCIATION P.O. BOX 550573 JACKSONVILLE FL 32255-7573 | Mailing Address HOME OWNERS ASSOCIATION P.O. BOX 550573 JACKSONVILLE FL 32255-0573 |
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| 3. Date Incorporated or Qualified 04/25/1977 | 3a. Date of Last Report 01/29/1996 |
| 4. FEI Number 59-1862068 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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9. Name and Address of Current Registered Agent
**DEPHILLIPS, DAVID
9217 INVERRARY COURT
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent
81 Name
JOHN T. CREEHAN
82 Street Address (P.O. Box Number Is Not Acceptable)
7814 CYPRESS POINT COURT
83
84 City
JACKSONVILLE **FL** 85 Zip Code
32256

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 *John T. Creehan*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P DEPHILLIPS, DAVID 9217 INVERRARY CT. JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V BEQUE, MIKE 7904 LINKSIDE DRIVE JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D COLEMAN, BUCK 7813 WEST BAYMEADOWS CIR JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BROOM, MARRY 9219 SPYGLASS CT JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DIAZ, RULYO, 9212 INVERRARY CT. JAX FL 32256 <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | P. JOHN T. CREEHAN 7814 CYPRESS POINT COURT JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | V. JACK HALE 9239 CARNOUSTIA LANE JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | D. DRAGOLJUB CIRIC 7838 BAYMEADOWS CR.W. JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | D. CELSO HERRERA 9241 WINGWD FOOT LANE JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | D RONALD LASEMAN 7841 BAYMWADOWS CR.W. JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | D. JOHN W. HERBERT JR. 7907 BAYMEADOWS CR.W. JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do 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.

SIGNATURE: *John T. Creehan* **4/7/97** **791-1706**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006778

CP2E037 (9/96)