


FILE NOW: FILING FEE IS \$61.25

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Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 738833 (3)**  
1. Corporation Name  
**LINKSIDE AT BAYMEADOWS, INC.**



Principal Place of Business <b>HOME OWNERS ASSOCIATION P.O. BOX 550573 JACKSONVILLE FL 32255-7573</b>	Mailing Address <b>HOME OWNERS ASSOCIATION P.O. BOX 550573 JACKSONVILLE FL 32255-7573</b>
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3. Date Incorporated or Qualified <b>04/25/1977</b>	
4. FEI Number <b>59-1862868</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent  
**CREEHAN, JOHN T  
7814 CYPRESS POINT COURT  
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent  
81 Name **HALE, JACK**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**9236 CARNOUSTIA LN**  
83  
84 City **JACKSONVILLE** FL 85 Zip Code **32256**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Jack H. Hale President** *Jack H. Hale* **April 10, 1998**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input checked="" type="checkbox"/>
NAME	<b>CREEHAN, JOHN T</b>	
STREET ADDRESS	<b>7814 CYPRESS POINT CT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>HALE, JACK</b>	
STREET ADDRESS	<b>9236 CARNOUSTIA LN</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>DRAGOLJUB, CIRIC</b>	
STREET ADDRESS	<b>7838 BAYMEADOWS CR W</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>HERRERA, CELSO</b>	
STREET ADDRESS	<b>9241 WINGWD FOOT LN</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>LASEMAN, RONALD</b>	
STREET ADDRESS	<b>7841 BAYMEADOWS CR W</b>	
CITY-ST-ZIP	<b>JAX FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>HERBERT, JOHN W JR</b>	
STREET ADDRESS	<b>7907 BAYMEADOWS CR W</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>SUAREZ A. GREGORY</b>		
1.3 STREET ADDRESS	<b>7958 LINKSIDE DR.</b>		
1.4 CITY-ST-ZIP	<b>JAX, FL. 32256</b>		
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>DONALD B. DROUGHT</b>		
2.3 STREET ADDRESS	<b>7937 BAYMEADOWS CIR. W.</b>		
2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FLA. 32256</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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 W. Herbert Jr* **REQUIRE** **JOHN W. HERBERT JR** 4/10/98 (904) 733-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)