2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 04, 2002 8:00 am Secretary of State **DOCUMENT # 738833** 1. Entity Name 05-29-2002 93644 041 \*\*\*\*61.25 LINKSIDE AT BAYMEADOWS, INC. Principal Place of Business Mailing Address HOME OWNERS ASSOCIATION HOME OWNERS ASSOCIATION P.O. BOX 550573 P.O. BOX 550573 37611 JACKSONVILLE FL 32255-7573 JACKSONVILLE FL 32255-7573 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1862868 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SMITH, DAVID 9237 INTERLACHEN LANE JACKSONVILLE FL 32256 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition (9/01 NAME HALE, JACK NAME HALE SACK NOUSTIE LANE STREET ADDRESS 9237 INTERLACHEN LANE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32258 CITY-ST-71P DITE TITLE Change Addition NAME Lyons, Joseph STREET ADDRESS 7816 BAYMEADOWS CIRCLE WEST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-7IP MILE Defete 71116 - Addition NAME SMITH, DAVID Smith DAVID 9237 INTERLACHEN LANE STREET ADDRESS 9237 INTERLACHEN LANE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME HERBERT, JOHN W JR NAME STREET ADDRESS 7907 BAYMEADOWS CR W STREET ADDRESS CITY-ST-ZIF JACKSONVILLE FL CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME WEINTRAUB, HENRY NAME STREET ADDRESS 7821 BAYMEADOWS CIRCLE WEST STREET ADDRESS

12. 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 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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADORESS

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

JACKSONVILLE FL 32256

9236 INERRARY COURT.

JACKSONVILLE FL 32256

WITT, JIM

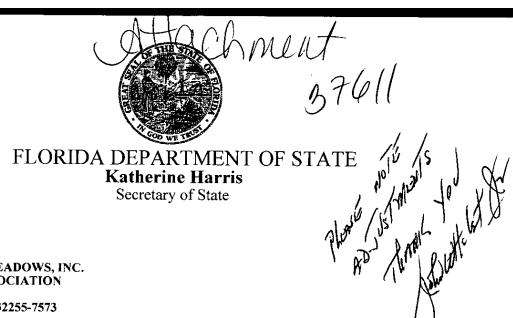
ARE TOWNHARE ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

☐ Change

☐ Addition

**FILED** 



June 5, 2002

LINKSIDE AT BAYMEADOWS, INC. HOME OWNERS ASSOCIATION P.O. BOX 550573 JACKSONVILLE, FL 32255-7573

Subject: LINKSIDE AT BAYMEADOWS, INC.

Reference Number:

738833

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg ANNUAL REPORTS SECTION