2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # 738833

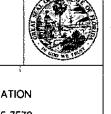
Entity Name

LINKSIDE AT BAYMEADOWS, INC.



FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90330 008 ****61.25



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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-1862868 Not Applicable Zip Country 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 SMITH, DAVID 9237 INTERLACHEN LANE JACKSONVILLE FL 32256 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PRISIDENT TITLE Delete TITLE Change ☐ Addition LYONS, CATHIE NAME MAME LINKS POE DANE 7816 BAYMEADOWS CIRCLE WEST STREET ADDRESS STREET ADORESS JACKSONVILLE FL 32256 CITY-ST-ZIP CITY-ST-ZIP 32456 Delete TITLE Change TITLE ☐ Addition SMITH, DAVID NAME NAME 9237 INTERLACHEN LANE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP CITY-ST-7iP D Delete Change TITLE TITLE ☐ Addition **BRADLEY, LARRY** NAME NAME FOLTZ C.S. STREET ADDRESS 9213 INVERRARY CT. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 City-St-ZiP Change Delete TITLE TITLE ☐ Addition WITT, JIM NAME NAME 9236 INERRARY COURT STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR