

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

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

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



**DOCUMENT # 738833**

1. Entity Name  
**LINKSIDE AT BAYMEADOWS, INC.**

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 32255-7573**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number  
**59-1862868**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional 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**

Name **BUTLER, RICK**  
Street Address (P.O. Box Number is Not Acceptable)  
**7835 LINKSIDE DRIVE**  
City **JACKSONVILLE** FL Zip Code **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.

SIGNATURE *Rick Butler, RICK BUTLER PRESIDENT* **4/28/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LYONS, CATHIE	
STREET ADDRESS	7816 BAYMEADOWS CIRCLE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DAVID	
STREET ADDRESS	9237 INTERLACHEN LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRADLEY, LARRY	
STREET ADDRESS	9213 INVERRARY CT.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WITT, JIM	
STREET ADDRESS	9236 INERRARY COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, RICK	
STREET ADDRESS	7835 LINKSIDE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	VICE PRESIDENT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, JACK	
STREET ADDRESS	9239 CHARNOUSTE LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLTZ, C.S.	
STREET ADDRESS	7829 LINKSIDE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBERT, JR. JOHN W.	
STREET ADDRESS	7829 BAYMEADOWS CR. W.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John W. Herbert Jr.* **John W. HERBERT JR - DIRECTOR** **4/28/04** **(904) 355-5641**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #