

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 16, 2009  
Secretary of State**

DOCUMENT# 738833

Entity Name: LINKSIDE AT BAYMEADOWS, INC.

**Current Principal Place of Business:**

LINKSIDE AT BAY BAYMEADOWS  
P O BOX 550573  
JACKSONVILLE, FL 322557573

**New Principal Place of Business:**

LINKSIDE AT BAY BAYMEADOWS  
7835 LINKSIDE DRIVE  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

HOME OWNERS ASSOCIATION  
P.O. BOX 550573  
JACKSONVILLE, FL 322557573

**New Mailing Address:**

LINKSIDE AT BAY BAYMEADOWS  
7835 LINKSIDE DRIVE  
JACKSONVILLE, FL 32256

FEI Number: 59-1862868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUTLER, RICK  
7835 LINKSIDE DRIVE  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BUTLER, RICK  
Address: 7835 LINKSIDE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD ( ) Delete  
Name: HALE, JACK  
Address: 9239 CARNOVSTIE LANE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: HERBERT, JOHN W JR  
Address: 7829 BAYMEADOWS CR W.  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. HERBERT, JR.

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date