

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738833

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

**Current Principal Place of Business:**

LINKSIDE AT BAYMEADOWS, INC  
7922 LINKSIDE DR  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

LINKSIDE AT BAY BAYMEADOWS, INC  
PO BOX 550573  
JACKSONVILLE, FL 32255-0573 US

**FEI Number:** 59-1862868

**Certificate of Status Desired:** No

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

FOREMAN, DAVID J  
LINKSIDE AT BAYMEADOWS, INC  
7922 LINKSIDE DR  
JACKSONVILLE, FL 32256 US

*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:** DAVID J FOREMAN

04/11/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FOREMAN, DAVID J  
Address        7922 LINKSIDE DRIVE  
City-State-Zip: JACKSONVILLE FL 32256

Title            TREASURER  
Name            DELMERICO, SUSAN  
Address        9218 SPYGLASS COURT  
City-State-Zip: JACKSONVILLE FL 32256

Title            VP  
Name            WATSON, KAREN  
Address        7915 BAYMEADOWS CIR W  
City-State-Zip: JACKSONVILLE FL 32256

Title            SECRETARY  
Name            BAILEY, SUSAN  
Address        7823 CYPRESS POINT CT  
City-State-Zip: JACKSONVILLE FL

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVID J FOREMAN

PRESIDENT

04/11/2021

Electronic Signature of Signing Officer/Director Detail

Date