

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738833

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

**Current Principal Place of Business:**

LINKSIDE AT BAY BAYMEADOWS  
7829 LINKSIDE DRIVE  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

LINKSIDE AT BAY BAYMEADOWS  
7829 LINKSIDE DRIVE  
JACKSONVILLE, FL 32256 US

**FEI Number:** 59-1862868

**Certificate of Status Desired:** No

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

FOLTZ, C.S.  
7829 LINKSIDE DRIVE  
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:** C.S. FOLTZ

02/08/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name FOLTZ, C.S.  
Address 7829 LINKSIDE DRIVE  
City-State-Zip: JACKSONVILLE FL 32256

Title VPD  
Name YOUNG, LONNIE  
Address 7928 LINKSIDE DRIVE  
City-State-Zip: JACKSONVILLE FL 32256

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

Title SD  
Name CLANTON, DENESE  
Address 7833 BAYMEADOWS CIR. W  
City-State-Zip: JACKSONVILLE FL 32256

*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:** C. S. FOLTZ

**PRESIDENT**

02/08/2017

Electronic Signature of Signing Officer/Director Detail

Date