

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738833

Entity Name: LINKSIDE AT BAYMEADOWS, INC.

FILED
Feb 04, 2016
Secretary of State
CC3798190952

Current Principal Place of Business:

LINKSIDE AT BAY BAYMEADOWS
7835 LINKSIDE DRIVE
JACKSONVILLE, FL 32256

Current Mailing Address:

LINKSIDE AT BAY BAYMEADOWS
7835 LINKSIDE DRIVE
JACKSONVILLE, FL 32256

FEI Number: 59-1862868

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUTLER, RICK
7835 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name BUTLER, RICK
Address 7835 LINKSIDE DRIVE
City-State-Zip: JACKSONVILLE FL 32256

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

Title TD
Name HERBERT, JOHN WJR
Address 7829 BAYMEADOWS CR W.
City-State-Zip: JACKSONVILLE FL 32256

Title SD
Name LASEMAN, LAURA
Address 7841 BAYMEADOWS CIR. W
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name FORMAN, DAVID
Address 7922 LINKSIDE DRIVE
City-State-Zip: JACKSONVILLE FL 32256-1838

Title DIRECTOR
Name YOUNG, LONNIE
Address 7928 LINKSIDE DRIVE
City-State-Zip: JACKSONVILLE FL 32256-1838

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: RICK BUTLER

PRESIDENT

02/04/2016

Electronic Signature of Signing Officer/Director Detail

Date