2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738833

Entity Name: LINKSIDE AT BAYMEADOWS, INC.

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

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

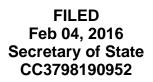
Officer/Director Detail :

Title	PD	Title	VPD
Name	BUTLER, RICK	Name	FOLTZ, C.S.
Address	7835 LINKSIDE DRIVE	Address	7829 LINKSIDE DRIVE
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256
Title	тр	Title	SD
Name	HERBERT, JOHN WJR	Name	LASEMAN, LAURA
Address	7829 BAYMEADOWS CR W.	Address	7841 BAYMEADOWS CIR. W
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256
Title	DIRECTOR	Title	DIRECTOR
Name	FORMAN, DAVID	Name	YOUNG, LONNIE
Address	7922 LINKSIDE DRIVE	Address	7928 LINKSIDE DRIVE
City-State-Zip:	JACKSONVILLE FL 32256-1838	City-State-Zip:	JACKSONVILLE FL 32256-1838

above, or on an attachment with all other like empowered. PRESIDENT

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

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

Date

02/04/2016 Date