

**2014 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

**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 GLINSKI, MICHAEL  
Address 9245 WINGED FOOT LANE  
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:** RICK BUTLER

**PRESIDENT**

**01/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date