2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738833

Entity Name: LINKSIDE AT BAYMEADOWS, INC.

Current Principal Place of Business:

LINKSIDE AT BAYMEADOWS, INC 7915 BAYMEADOWS CIR W JACKSONVILLE, FL 32256

Current Mailing Address:

LINKSIDE AT BAYBAYMEADOWS, 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:

WATSON, KAREN 7915 BAYMEADOWS CIR W 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: KAREN WATSON 03/24/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER**

Name WATSON, KAREN Name **DELMERICO, SUSAN** Address 7915 BAYMEADOWS CIR W Address 9218 SPYGLASS COURT

JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip:

VΡ Title **SECRETARY** Title

Name WINN, CAMILLE Name BAILEY, SUSAN 9223 AUGUSTA CT Address 7823 CYPRESS POINT CT Address

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

BOARD DIRECTOR Title Title **BOARD DIRECTOR** Name GLINSKI, MICHAEL Name DAWOOD, SUSAN

Address 9245 WINGED FOOT LANE Address 7830 LINKSIDE DR

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

Title **BOARD DIRECTOR**

REED. JOHN Name

Address 7821 BAYMEADOWS CIR W JACKSONVILLE FL 32256 City-State-Zip:

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.

03/24/2022 SIGNATURE: KAREN WATSON PRESIDENT

FILED Mar 24, 2022

Secretary of State

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