

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001087

**Entity Name:** AUSTIN-BAYMEADOWS ASSOCIATION, INC.

**Current Principal Place of Business:**

4465 BAYMEADOWS ROAD  
SUITE 8  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

PO BOX 54870  
JACKSONVILLE, FL 32246

**FEI Number: 59-3591083**

**Certificate of Status Desired: Yes**

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

FIRST PLACE MANAGEMENT, INC.  
10365 HOOD RD SOUTH #205  
JACKSONVILLE, FL 32257 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            PRES  
Name            YATES, PHIL  
Address        4465 BAYMEADOWS RD, STE 8  
City-State-Zip: JACKSONVILLE FL 32257

Title            VP  
Name            TREECE, THOMAS  
Address        4465 BAYMEADOWS RD, STE 2  
City-State-Zip: JACKSONVILLE FL 32257

Title            SD  
Name            LUTZ, MICHAEL  
Address        4465 BAYMEADOWS RD, STE 5  
City-State-Zip: JACKSONVILLE FL 32257

*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: PHIL YATES**

**PRESIDENT**

**01/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date