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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

CITY - ST - ZIP

SIGNATURE:

N05933 **DOCUMENT #**

(9)

BAYMEADOWS PLACE CONDOMINIUM ASSOCIATION, INC.

Mailing Address Principal Place of Business 9116 CYPRESS GREEN DR. 9116 CYPRESS GREEN DR. JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 3a. Date of Last Report 3. Date Incorporated or Qualified 10/30/1984 05/01/1995 4. FEI Number Applied For 2. Principal Place of Business 59-2504490 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required **Oute** City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☑No Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agen 81 Name STARLING, JOHN T. Street Address (P.O. Box Number is Not Acceptable) 82 9116 CYPRESS GREEN DRIVE 83 JACKSONVILLE FL 32256 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title I applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. OFFICERS AND DIRECTORS 12. DELETE 1.1 TITLE TITLE SHARP, W.H. 1.2 NAME NAME nieman 9471 BAYMEADOWS RD; #105 Saymeadou STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL-14 CITY - S? - ZIP CITY-ST-ZIP DELETE 2 1 THILE STD TITLE STARLING, JOHN T. 2.2 NAME NAME 9116 CYPRESS GREEN DRIVE 23 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE KESSLER, WILLIAM 3.2 NAME NAME 9471 BAYMEADOWS RD. #302 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE THILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST-ZIP Change Addition A DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETÉ 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual peort is true and accurate and that my 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 trueted empowered to execute this report as required by Chapter 617, Florida Statutes; and final my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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