2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
04-21-2002 90858 026 ****61.25

DOCUMENT # N05933

1. Entity Name

BAYMEADOWS PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9116 CYPRESS GREEN DR. STE 115 JACKSONVILLE FL 32256 US	9116 CYPRESS GREEN DR. STE 115 JACKSONVILLE FL 32256 US

30758

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2504490 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STARLING, JOHN T. 9116 CYPRESS GREEN DR STE 115 JACKSONVILLE FL 32256	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PLEIMAN, THOMAS , Director 9471 BAYMEADOWS RD #307 JACKSONVILLE FL 32256 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary-Treasurer ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STD~~ ~~STARLING, JOHN T.~~ ~~9116 CYPRESS GREEN DR, #115~~ ~~JACKSONVILLE FL~~ ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President - Director Bill Sharp, Jr. 8225 Perimeter Park Blvd. #401, Jax., FL 32216 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ ~~SHAPIRO, JOEL~~ ~~9471 BAYMEADOWS RD #109~~ ~~JACKSONVILLE FL~~ ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ HARNER, GREG Director 9471 BAYMEADOWS RD, #408 JACKSONVILLE FL 32256 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SP~~ GRACE, ROBERT Director 9471 BAYMEADOWS RD SUITE 407 JACKSONVILLE FL 32256 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~SHERIDAN, SCOTT~~ ~~9471 BAYMEADOWS RD #304~~ ~~JACKSONVILLE FL 32256~~ ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Grace SIGNATURE REQUIRED Robert Grace 3/26/02 904/731-3833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #