

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90064 035 ****61.25

DOCUMENT # N05933 1. Entity Name BAYMEADOWS PLACE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 9116 CYPRESS GREEN DR. STE 115 JACKSONVILLE FL 32256 US	Mailing Address 9116 CYPRESS GREEN DR. STE 115 JACKSONVILLE FL 32256 US
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2. Principal Place of Business 9000 Cypress Green Dr. Suite 107-B Jax., FL	3. Mailing Address 9000 Cypress Green Dr. Suite 107-B Jax., FL
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City & State Jax., FL	City & State Jax., FL
Zip 32256	Zip 32256
Country Duval	Country Duval



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2504490	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STARLING, JOHN T. 9116 CYPRESS GREEN DR STE 115 JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent Name John T. Starling Street Address (P.O. Box Number is Not Acceptable) 9000 Cypress Green Dr Suite 107-B City Jax FL Zip Code 32256

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. I am familiar with, and accept the obligations of registered agent.

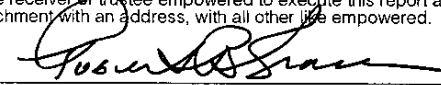
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PLEIMAN, THOMAS 9471 BAYMEADOWS RD #307 JACKSONVILLE FL 32256 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHARP, JR, BILL 8825 PERIMETER PARK BLVD, #401 JACKSONVILLE FL 32216 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAINER, GREG 9471 BAYMEADOWS RD, #408 JACKSONVILLE FL 32256 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRACE, ROBERT 9471 BAYMEADOWS RD SUITE 407 JACKSONVILLE FL 32256 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kevin Whitlow 9471 Baymeadows Rd. #304 Jax., FL 32256 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hart, William S. 9471 Baymeadows Rd, #302 Jax., FL 32256 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 life empowered.

SIGNATURE:  Robert B. Grace 3/29/05 904/731-3833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #