

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29599

FILED
Jan 25, 2009
Secretary of State

Entity Name: LINKSIDE VILLAS B OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034

New Principal Place of Business:

Current Mailing Address:

% AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034

New Mailing Address:

FEI Number: 59-2930026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEALAN, JACK B JR
3000 FIRST COAST HWY
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

MUIR, ROBERT C III
AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034 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: ROBERT C. MUIR, III

01/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, BOB
Address: 2410 LINKSIDE VILLAS
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: JONES, MORGAN
Address: ONE LOGAN SQUARE
City-St-Zip: PHILADELPHIA, PA 191036996

Title: STD () Delete
Name: FULTON, JOHN
Address: 175 HICKORY LN
City-St-Zip: MORELAND HILLS, OH

Title: VD () Delete
Name: NICKOLSON, NICK
Address: 2414 BEACHWOOD RD
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, BOB
Address: 2410 BOXWOOD LANE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: FULTON, JOHN M
Address: 175 HICKORY LANE
City-St-Zip: MORELAND HILLS, OH 440221901

Title: VD (X) Change () Addition
Name: NICHOLSON, NICK
Address: 2414 BEACHWOOD ROAD
City-St-Zip: AMELIA ISLAND, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT C. SMITH

P

01/25/2009

Electronic Signature of Signing Officer or Director

Date