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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:08

DOCUMENT # N93000002606 (2)

1. Corporation Name

SELVA LINKSIDE - UNIT TWO OWNERS ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
C/O J&M ASSOCIATES, INC 1503 OAK STREET JACKSONVILLE FL 32204 US	C/O J&M ASSOCIATES, INC. 1503 OAK STREET JACKSONVILLE FL 32204 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3193219 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25
2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

9. Name and Address of Current Registered Agent

J & M ASSOCIATES, INC.
1503 OAK STREET
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DP~~	11 TITLE		☐ Change ☐ Addition
NAME	~~SMITH, DOUGLAS W.~~	12 NAME		
STREET ADDRESS	~~6620 SOUTHPOINT DRIVE, SOUTH, SUITE 400~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~JACKSONVILLE FL~~	14 CITY-ST-ZIP		
TITLE	~~DP~~ DP	21 TITLE	DP	☒ Change ☐ Addition
NAME	GEORGE, STEVE	22 NAME		
STREET ADDRESS	6620 SOUTHPOINT DRIVE, S., SUITE 400	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	DST	31 TITLE		☐ Change ☐ Addition
NAME	PORTER, ROBERT	32 NAME		
STREET ADDRESS	6620 SOUTHPONT DRIVE, SOUTH, SUITE 400	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE	DV	41 TITLE		☐ Change ☐ Addition
NAME	Jim Fogarty	42 NAME		
STREET ADDRESS	1524 Linkside Drive	43 STREET ADDRESS		
CITY-ST-ZIP	Atlantic Beach, FL 32233	44 CITY-ST-ZIP		
TITLE	~~Advisory~~	51 TITLE		☐ Change ☐ Addition
NAME	~~Larry Myers~~	52 NAME		
STREET ADDRESS	~~1404 Linkside Drive, Atl Beach~~	53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE	~~Advisory~~	61 TITLE		☐ Change ☐ Addition
NAME	~~Lanny Brant~~	62 NAME		
STREET ADDRESS	~~1400 Linkside Drive, Atl Beach~~	63 STREET ADDRESS		
CITY-ST-ZIP		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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1-21-95 — 904-296-4551
SIGNATURE AND TITLE OR PRINTED NAME OF PERSON FILING REPORT — Date — Daytime Phone #

Steve George, President

0001340