FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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, INC.

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

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

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

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~SP~~	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	~~SV~~ 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	~~Garry Myers~~	52 NAME	
STREET ADDRESS	~~1494 Linkside Drive, Atl Beach~~	53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	~~Advisory~~	61 TITLE	☐ Change ☐ Addition
NAME	~~Lance Breary~~	62 NAME	
STREET ADDRESS	~~1480 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve George, President

1-28-95 Date — 904-296-4551 Daytime Phone #

0001340

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 3, 1995

SELVA LINKSIDE - UNIT TWO OWNERS ASSOCIATION, INC.
C/O J&M ASOCIATES, INC.
1503 OAK STREET
JACKSONVILLE, FL 32204US

SUBJECT: SELVA LINKSIDE - UNIT TWO OWNERS ASSOCIATION, INC.
Ref. Number: N93000002606

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

A non-profit corporation must list three (3) directors or (3) trustees and their street addresses in block 12 or 13. Use a "D" or "T" to designate the title.

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Cynthia Hendrixson
Annual Report Section

Letter number: 095A00004780

2/13/95
Please note I have added a PP to Director #2
J+M Associates

RECEIVED
FEB 13 1995