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NONPROFIT CORPORATION ANNUAL REPORT



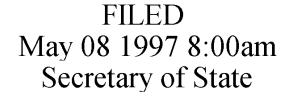
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # N9300002606 (2)



SELVA LINKSIDE - UNIT TWO OWNERS ASSOCIATION, IN C. Principal Place of Business Mailing Address C/O J&M ASOCIATES, INC. C/O J&M ASOCIATES, INC.										
\$03 oak street 1503 oak street Acksonville Fl 32204 Jacksonville Fl 32204-3: Is us			но				3. Date incorporated or Qualified	3a. Da	te of Las	t Report
3		08					06/04/1993	0	4/05/18	96
-	Place of Business	2a. Mailing Address					4. FEI Number 59-3 1932 19		——	Applied For
Suite, Apt.	# etc	26 Suite, Apt. #, etc.					08-0 1802 18			Not Applicable 5 Additional
2	" , 0.0.	27					5. Certificate of Status Desired			Required
City & Stat	e	City & State					6. Election Campaign Financing		\$5.0	O May Be
3		28	· · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution			d to Fees
Z _i p	Country	Zip	Cou	ntry	•		8. This corporation has liability for	intangible Yes		rs. 199.032,
4)	9. Name and Address of Cur	29 rent Registered Agent	30		······································		Florida Statutes L. 10. Name and Address of New Re			
				81	Name			*	· *	
J & M AS	SSOCIATES, INC.		}	82	Street	Addre	ss (P.O. Box Number is Not Acceptat	ole)		
	k street)					·		
JACKSON	VVILLE FL 32204			83			•			
			Ì	84	City			FL	65 Z	ip Code
SIGNATURE		AND DIRECTORS	TE: Registered	i Age	ent signature		when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND		
TITLE	DP LANCE	DELETE	1.1 T/I			Ds	T		Chang	ye 🔲 Additio
NAME STREET AODRESS	Brazil, Lance 2840 Linkside dr		12 N/		ADDRESS	ļ				
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TITLE	DST	DELETE	2.1 TI			DV			Chang	ge 🔲 Additio
NAMÉ	MYERS, GERRY		2.2 N/	ME						
STREET ADDRESS	1494 LINKSIDE DR				ADDRESS			*.*		
CITY - ST - ZIP	ATLANTIC BEACH FL	DELETE	2.4 C		ST-ZIP	a	5		Chang	ne Additio
TIJLF Name	FOGARTY, JIM	L. DERLIE	3.2 N			יו	•		المالين وتا	Jo
STHEET ADDRESS	1524 LINKSIDE DR		3.3 ST	REET	ADDRESS	1				
COY-ST-ZIP	ATLNATIC BEACH FL		3.4. C	TY-	ST-21P					
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NAME			4.2 N			1				
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TITLE		☐ DELETE	6.1 TF			Į			Chan	ge 🔲 Additio
NAME			6.2 N			1				
				DEC						
STREET ADDRESS City-S1-Zip					ADDRESS ST-ZIP					

I am an officer or director of the constraint or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, I further certify that the lam an officer or director of the constraint 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.