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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # N93000002606 (2)

1. Corporation Name

SELVA LINKSIDE - UNIT TWO OWNERS ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
C/O J&M ASOCIATES. INC. 1509 OAK STREET JACKSONVILLE FL 32204 US	C/O J&M ASOCIATES. INC. 1503 OAK STREET JACKSONVILLE FL 32204 US

3. Date Incorporated or Qualified: 06/04/1993

4. FEI Number: 59-3193219 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 9116 CYPRESS GREEN DR	26 9116 CYPRESS GREEN DR.
Suite, Apt. #, etc. 22 # 206	Suite, Apt. #, etc. 27 # 206
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip / Country 24 32256 / 25 USA	Zip / Country 29 32256 / 30 USA

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
J & M ASSOCIATES, INC. 1503 OAK STREET JACKSONVILLE FL 32204	81 Name: JOHN T. EWING 82 Street Address (P.O. Box Number is Not Acceptable): 9116 CYPRESS GREEN DR. 83 # 206 84 City: JACKSON VILLE FL 85 Zip Code: 32256

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] JOHN T. EWING 4/17/98
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BRAZIL, LANCE		1.2 NAME	MARCHANT, GERALD E.	
STREET ADDRESS	2840 LINKSIDE DR		1.3 STREET ADDRESS	1491 LINKSIDE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MYERS, GERRY		2.2 NAME		
STREET ADDRESS	1494 LINKSIDE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL		2.4 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FOGARTY, JIM		3.2 NAME		
STREET ADDRESS	1524 LINKSIDE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLNATIC BEACH FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 receivor 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: Geraldine Myers (GERALDINE MYERS) 4/9/98 904 246-5305