

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90098 005 ****61.25

DOCUMENT # N93000002606					
1. Entity Name SELVA LINKSIDE - UNIT TWO OWNERS ASSOCIATION, INC.					
Principal Place of Business 1835 N. 3RD STREET JACKSONVILLE BEACH, FL 32250 US			Mailing Address P.O. BOX 330026 ATLANTIC BEACH, FL 32233 US		
2. Principal Place of Business - No P.O. Box # 753 Atlantic Blvd #1		3. Mailing Address P.O. Box 330026			
Suite, Apt. #, etc. #1		Suite, Apt. #, etc.		03232007 Chg-NP CR2E037 (12/06)	
City & State Atlantic Beach FL		City & State Atlantic Beach FL		4. FEI Number 59-3193219	
Zip 32233		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARVIN, SONIA 1835 N. 3RD STREET JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name Marvin + Floyd Realty, Inc Street Address (P.O. Box Number is Not Acceptable) 753 Atlantic Blvd #1 City Atlantic Beach FL Zip Code 32233		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Marvin + Floyd Realty Inc Sonia R. Han 3-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VD NAME SHEPHARD, CHARLOTTE STREET ADDRESS 1539 LINKSIDE DR CITY-ST-ZIP ATLANTIC BEACH, FL 32233	<input checked="" type="checkbox"/> Delete		TITLE TSD NAME Sliwinski, David STREET ADDRESS 1641 Linkside Dr. N. CITY-ST-ZIP Atlantic Beach, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TSD NAME HAMMESFAHR, ROBERT STREET ADDRESS 1611 LINKSIDE DR W CITY-ST-ZIP ATLANTIC BEACH, FL 32233	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Figgins, Christa STREET ADDRESS 1637 Linkside Dr. N. CITY-ST-ZIP Atlantic Beach, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME MUTH, DEBORAH STREET ADDRESS 1595 LINKSIDE DR CITY-ST-ZIP ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>David Sliwinski, Manager</u>			4/26/07 (904) 249-8599		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		