

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90023 010 \*\*\*\*61.25

**DOCUMENT # N93000002606**

1. Entity Name  
**SELVA LINKSIDE - UNIT TWO OWNERS ASSOCIATION,  
INC.**



Principal Place of Business  
**753 ATLANTIC BLVD #1  
ATLANTIC BEACH, FL 32233 US**

Mailing Address  
**P.O. BOX 330026  
ATLANTIC BEACH, FL 32233 US**

**40038417**



02182008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3193219**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MARVIN & FLOYD REALTY, INC.  
753 ATLANTIC BLVD #1  
ATLANTIC BEACH, FL 32233**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TSD  
SLIWINSKI, DAVID  
1641 LINKSIDE DR. N.  
ATLANTIC BEACH, FL 32233**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
FIGGINS, CHRISTA  
1637 LINKSIDE DR. N.  
ATLANTIC BEACH, FL 32233**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MUTH, DEBORAH  
1595 LINKSIDE DR  
ATLANTIC BEACH, FL 32233**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**28 FEB 2008 (904) 249.8000**

Date

Daytime Phone #