

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-14-2003 90920 015 ****61.25

DOCUMENT # N93000002606

1. Entity Name

**SELVA LINKSIDE - UNIT TWO OWNERS ASSOCIATION, IN
C.**



Principal Place of Business

**200 EXECUTIVE WAY
SUITE 111
PONTE VEDRA FL 32266
US**

Mailing Address

**PO BOX 2055
PONTE VEDRA FL 32004-2055
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3193219**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**EWING, JOHN T
200 EXECUTIVE WAY
SUITE 111
PONTE VEDRA FL 32266**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 renewing)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **PD VRGHNSKI, VERA**
STREET ADDRESS **1586 LINKSIDE DR**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☐ Delete
NAME **TD WOODARD, DENISE**
STREET ADDRESS **1473 LINKSIDE DR.**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☐ Delete
NAME **DVP MARCHANT, REGINA**
STREET ADDRESS **1491 LINKSIDE DR**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **PD JANETTE BURNETT**
STREET ADDRESS **1669 LINKSIDE COURT N.**
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Denise Labrie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denise Labrie
WOODARD

4/10/03
Date

904 798 3448
Daytime Phone #

CR2E037 (10/02)