2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2018
Secretary of State
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Entity Name: BAYMEADOWS PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9050 CYPRESS GREEN DRIVE
SUITE 102
JACKSONVILLE, FL 32256

Current Mailing Address:

9838 OLD BAYMEADOWS ROAD
PMB 289
JACKSONVILLE, FL 32256 US

FEI Number: 59-2504490

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INNOVATIVE MANAGEMENT SOLUTIONS OF JACKSONVILLE, INC.
9050 CYPRESS GREEN DRIVE
SUITE 102
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: KAY V STRATTON 04/26/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P	Title	SECRETARY
Name	CHIAFAIR, JOSEPH G DR.	Name	BOYER, FRANCIS
Address	9838 OLD BAYMEADOWS ROAD PMB 289	Address	9838 OLD BAYMEADOWS ROAD PMB 289
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256
Title	VP	Title	TREASURER
Name	BAPTISTA, MICHAEL DR.	Name	BURGESS, JEFF
Address	9838 OLD BAYMEADOWS ROAD PMB 289	Address	9838 OLD BAYMEADOWS ROAD PMB 289
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256
Title	DIRECTOR		
Name	ARORA, INDER		
Address	9838 OLD BAYMEADOWS ROAD PMB 289		
City-State-Zip:	JACKSONVILLE FL 32256		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DR. JOSEPH G. CHIAFAIR PRESIDENT 04/26/2018

Electronic Signature of Signing Officer/Director Detail — Date