

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05933

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

06/29/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BURGESS, JEFF
Address 9838 OLD BAYMEADOWS ROAD
PMB 289
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY
Name BOYER, FRANCIS
Address 9838 OLD BAYMEADOWS ROAD
PMB 289
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name BAPTISTA, MICHAEL DR.
Address 9838 OLD BAYMEADOWS ROAD
PMB 289
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER
Name CHIAFAIR, JOE
Address 9838 OLD BAYMEADOWS ROAD
PMB 289
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER
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: JEFF BURGESS

PRESIDENT

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date