2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2023
Secretary of State
1601437913CC

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:

C/O COMMUNITY ASSOCIATION MANAGEMENT SOLUTIONS OF FLORIDA
9838 OLD BAYMEADOWS RD PMB 289
JACKSONVILLE, FL 32256 US

FEI Number: 59-2504490

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITY ASSOCIATION MANAGEMENT SOLUTIONS OF FLORIDA 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: DANA MITCHELL 03/06/2023

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	SECRETARY
Name	BURGESS, JEFF	Name	BOYER, FRANCIS
Address	C/O COMMUNITY ASSOCIATION MANAGEMENT SOLUTIONS OF FLORIDA 9838 OLD BAYMEADOWS RD PMB 289	Address	C/O COMMUNITY ASSOCIATION MANAGEMENT SOLUTIONS OF FLORIDA 9838 OLD BAYMEADOWS RD PMB 289
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256
Title	VP	Title	DIRECTOR
Name	BAPTISTA, MICHAEL DR.	Name	CHIAFAIR, JOE
Address	C/O COMMUNITY ASSOCIATION MANAGEMENT SOLUTIONS OF FLORIDA 9838 OLD BAYMEADOWS RD PMB 289	Address	C/O COMMUNITY ASSOCIATION MANAGEMENT SOLUTIONS OF FLORIDA 9838 OLD BAYMEADOWS RD PMB 289
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256
Title	TREASURER		
Name	ARORA, INDER		
Address	C/O COMMUNITY ASSOCIATION MANAGEMENT SOLUTIONS OF FLORIDA 9838 OLD BAYMEADOWS RD 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 03/06/2023

Electronic Signature of Signing Officer/Director Detail — Date