

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05933

**Entity Name:** BAYMEADOWS PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9838 OLD BAYMEADOWS ROAD  
PMB 289  
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.  
9080 GOLFSIDE DRIVE  
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

04/16/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DIRECTOR  
Name GUDIPATI, VENKAT  
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:** JOSEPH G CHIAFAIR

**PRESIDENT**

04/16/2017

Electronic Signature of Signing Officer/Director Detail

Date