## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05933

Entity Name: BAYMEADOWS PLACE CONDOMINIUM ASSOCIATION, INC.

**FILED** Mar 21, 2024 **Secretary of State** 6666952112CC

## **Current Principal Place of Business:**

2600 GLENFIELD DR.

GREEN COVE SPRINGS. FL 32043

## **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.

2600 GLENFIELD DR.

GREEN COVE SPRINGS, FL 32043 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 03/21/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title **SECRETARY** 

BURGESS, JEFF BOYER, FRANCIS Name Name

Address C/O COMMUNITY ASSOCIATION Address C/O COMMUNITY ASSOCIATION MANAGEMENT SOLUTIONS OF MANAGEMENT SOLUTIONS OF

**FLORIDA FLORIDA** 

9838 OLD BAYMEADOWS RD PMB 289

9838 OLD BAYMEADOWS RD PMB 289

JACKSONVILLE FL 32256 City-State-Zip: City-State-Zip: JACKSONVILLE FL 32256

VΡ Title Title DIRECTOR

BAPTISTA, MICHAEL DR. CHIAFAIR, JOE Name Name

Address C/O COMMUNITY ASSOCIATION Address C/O COMMUNITY ASSOCIATION

MANAGEMENT SOLUTIONS OF MANAGEMENT SOLUTIONS OF

**FLORIDA FLORIDA** 

9838 OLD BAYMEADOWS RD PMB 289 9838 OLD BAYMEADOWS RD PMB 289

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

Title **TREASURER** Name ARORA, INDER

C/O COMMUNITY ASSOCIATION Address

MANAGEMENT SOLUTIONS OF

**FLORIDA** 

9838 OLD BAYMEADOWS RD PMB 289

JACKSONVILLE FL 32256 City-State-Zip:

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.

03/21/2024 SIGNATURE: JEFF BURGESS **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date