2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90328 029 ****70.00

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DOCUMENT # N00000003903

1. Entity Name
GREENLINKS MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7990 MAHOGANY RUN LANE NAPLES, FL 34113	7990 MAHOGANY RUN LANE NAPLES, FL 34113

04122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1091743 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILDNER, RICHARD A
205 MAN HARBOR DR
APOLLO BEACH, FL 33572

7. Name and Address of New Registered Agent

Name MARY ANNE MONSRUD
Street Address (P.O. Box Number is Not Acceptable)
6620 ESTERO BLVD.
City FT. MYERS BEACH FL Zip Code 33931

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MaryAnne Monsrud MARY ANNE MONSRUD 4/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHELLING, KATHY 3505 FRONTAGE RD SUITE 145 TAMPA, FL 33607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WHYTE, DAN 15310 Amberly Dr #105 TAMPA, FL 33647	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WRENN, LISA 3505 FRONTAGE RD SUITE 145 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FASICK, KAREN 15310 Amberly Dr #105 TAMPA, FL 33647	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BOFF, JOE F 8401 INDIAN WELLS WAY NAPLES, FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRENN, LISA 3505 FRONTAGE RD #145 TAMPA, FL 33607	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILDNER, RICHARD A 205 MANS HARBOR DRIVE APOLLO BEACH, FL 33572	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STANLEY, JACK 4040 OLD TRAIL WAY NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph D Boff 4/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #