2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008
Secretary of State

DOCUMENT# N00000003903

Entity Name: GREENLINKS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

7990 MAHOGANY RUN LANE
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

PO BOX 380758
MURDOCK, FL 33938

New Mailing Address:

FEI Number: 65-1091743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WISHARD, KRISTINA
23081 HARBORVIEW RD
PORT CHARLOTTE, FL 33950 US

Name and Address of New Registered Agent:

WISHARD, KRISTINA
1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33950 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: _____ 02/14/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: DELANGE, LUKE
Address: 942 N COLLIER BLVD
City-St-Zip: MARCO ISLAND, FL 34145

Title: D ( ) Delete
Name: DONNELL, RICHARD
Address: 1563 BRANFORD LANE
City-St-Zip: NAPERVILLE, IL 60564

Title: PD ( ) Delete
Name: BOFF, JOE F
Address: 942 N COLLIER BLVD
City-St-Zip: MARCO ISLAND, FL 34145

Title: STD ( ) Delete
Name: SALEM, DARONY
Address: 28757 CHATHAM
City-St-Zip: GROSSE ILE, MI 48138

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BARRON, SHERRIE
Address: 8430 230TH STREET, E.
City-St-Zip: LAKEVILLE, MN 55044

Title: VPD (X) Change ( ) Addition
Name: CHIAPPE-KAY, CINDY
Address: 366 RESERVE CIRCLE
City-St-Zip: CLAREDON HILLS, FL 60514

Title: SD (X) Change ( ) Addition
Name: GALE, KEN
Address: 180 SHERWOOD DRIVE
City-St-Zip: WOOD DALE, IL 60191

Title: TD (X) Change ( ) Addition
Name: TEVERE, JOHN
Address: 21452 ASCOT LANE
City-St-Zip: FRANKFORT, IL 60423

Title: D ( ) Change (X) Addition
Name: DARANY, SAM
Address: 28757 CHATHAM
City-St-Zip: GROSSE ILE, MI 48138

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHERRIE BARRON PD 02/14/2008
Electronic Signature of Signing Officer or Director — Date