2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 17, 2008 8:00 A.M.
Secretary of State

DOCUMENT # N00000003903

1. Entity Name
GREENLINKS MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7990 MAHOGANY RUN LANE NAPLES, FL 34113	PO BOX 380758 MURDOCK, FL 33938

09242008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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

WISHARD, KRISTINA
1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name BENSON'S KT
Street Address (P.O. Box Number is Not Acceptable)
3050 N. HORSESHOE DRIVE, SUITE 275
City NAPLES FL Zip Code 34104

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 DWills DENISE WILLS, AGENT 9-25-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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	PD BARRON, SHERRIE 8430 230TH STREET, E. LAKEVILLE, MN 55044	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100137175651 10/22/08--01048--004 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CHIAPPE-KAY, CINDY 366 RESERVE CIRCLE CLAREDON HILLS, FL 60514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition OCT 01 2008
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GALE, KEN 180 SHERWOOD DRIVE WOOD DALE, IL 60191	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TEVERE, JOHN 21452 ASCOT LANE FRANKFORT, IL 60423	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DARANY, SAM 28757 CHATHAM GROSSE ILE, MI 48138	☐ 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 exemptions contained 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 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: FOR THE BOARD OF DIRECTORS DWills DENISE WILLS, AGENT 9-25-08 239-263-1577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #