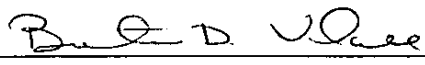


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90016 039 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              |                                                                                                                |                                                                                                                                                          |                                                                                                                                                                                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N95000000116</b><br>1. Entity Name<br><b>LINDEN PLACE LOT OWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              |                                                                                                                |                                                                                                                                                          |                                                                                                                                          |  |
| Principal Place of Business<br>12670 NEW BRITTANY BLVD., #101<br>FORT MYERS, FL 33907                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                              |                                                                                                                | Mailing Address<br>12650 WHITEHALL DR<br>FORT MYERS, FL 33907                                                                                            |                                                                                                                                                                                                                           |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                  |                                                                                                                                                          | 02272007    Chg-NP    CR2E037 (12/06)                                                                                                                                                                                     |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              | City & State                                                                                                   |                                                                                                                                                          | 4. FEI Number<br>65-0666964                                                                                                                                                                                               |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                              | Country                                                                                                        |                                                                                                                                                          | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><br>COSTELLO, TRUMAN J<br>12670 NEW BRITTANY BLVD.<br>#101<br>FORT MYERS, FL 33907                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                              |                                                                                                                |                                                                                                                                                          | 7. Name and Address of New Registered Agent<br>Name <b>VANDALL, BONITA D</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>12650 WHITEHALL DR</b><br>City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33907</b> |  |
| 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.<br><br>SIGNATURE  <b>BONITA D. VANDALL</b> <b>3-5-07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                 |                                                                                                              |                                                                                                                |                                                                                                                                                          |                                                                                                                                                                                                                           |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                                                          | Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                               |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |                                                                                                                |                                                                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PD<br>COSTELLO, TRUMAN J<br>12670 NEW BRITTANY BLVD.<br>FORT MYERS, FL 33907 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                 | D<br>COSTELLO, TRUMAN J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>12670 NEW BRITTANY BLVD<br>FORT MYERS, FL 33907  |                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | S<br>CIRCELLI, SAM<br>11900 FAIRWAY LAKES DR<br>FORT MYERS, FL 33913 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                 | PD<br>CIRCELLI, SAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>11900 FAIRWAY LAKES DR<br>FORT MYERS, FL 33913       |                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | T<br>BENSON, MARK<br>12650 WHITEHALL DR<br>FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                 | STD<br>HARRELSON, DENNIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>12610 NEW BRITTANY BLVD<br>FORT MYERS, FL 33907 |                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered. |                                                                                                              |                                                                                                                |                                                                                                                                                          |                                                                                                                                                                                                                           |  |
| SIGNATURE:  <b>PD-Sam Circelli</b> <b>3/2/07</b> <b>561-2670</b><br><small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                              |                                                                                                                |                                                                                                                                                          |                                                                                                                                                                                                                           |  |

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