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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757447

1. Corporation Name

LINKSIDE VILLAGE CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business

10730 U.S. 19
SUITE 17
PORT RICHEY FL 34668

Mailing Address

10730 U.S. 19
SUITE 17
PORT RICHEY FL 34668



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
04/07/1981

4. FEI Number
59-2264153

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUALIFIED PROPERTY MANAGEMENT ICN
10730 U. S. 19, SUITE 17
PORT RICHEY FL 34668

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME ~~VB - LINDQUIST, HERBERT~~
STREET ADDRESS 11121 LINKSIDE DR
CITY-ST-ZIP PORT RICHEY FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME D
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME ~~PD SMITH, ARNOLD -~~
STREET ADDRESS ~~11120 SANDTRAP DR -~~
CITY-ST-ZIP ~~PORT RICHEY FL -~~

2.1 TITLE PD ☐ Change ☒ Addition
2.2 NAME Fritchie, Fred
2.3 STREET ADDRESS 11129 Sandtrap Drive
2.4 CITY-ST-ZIP Port Richey, FL

TITLE ☒ DELETE
NAME ~~D JACKSON, BERNIE~~
STREET ADDRESS ~~11201 SANDTRAP DRIVE~~
CITY-ST-ZIP ~~PORT RICHEY FL -~~

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Woznick, Leocidia
3.3 STREET ADDRESS 11130 Sandtrap Drive
3.4 CITY-ST-ZIP Port Richey, FL

TITLE ☐ DELETE
NAME SB SEAQUIST, ALFRED
STREET ADDRESS 11119 LINKSIDE DRIVE
CITY-ST-ZIP PORT RICHEY FL

4.1 TITLE VSD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME TD DIETZ, CHARLES
STREET ADDRESS 11109 SANDTRAP DRIVE
CITY-ST-ZIP PORT RICHEY FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual report is true and accurate and that my signature, as 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles E. Dietz 3-25-99 727-868-6585

CR2E037 (11/98)