

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90039 015 ****61.25

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1. Entity Name

LINTON RIDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

GALLUP ACCOUNTING
817 GEORGE BUSH BLVD
DELRAY BEACH FL 33483
US

GALLUP ACCOUNTING
817 GEORGE BUSH BLVD
DELRAY BEACH FL 33483
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2365906

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUGH, DAVID
GALLUP ACCOUNTING
817 GEORGE BUSH BLVD
DELRAY BEACH FL 33483

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 V ☐ Delete
NAME MUZICH, ROSE
STREET ADDRESS 5070 LAKE BLVD.
CITY ST ZIP DELRAY BEACH FL 33444

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE P ☒ Delete
NAME MCCABE, EDWARD
STREET ADDRESS 2355 LINTON RIDGE CIRCLE
CITY ST ZIP DELRAY BEACH FL 33444

TITLE VP ☐ Change ☒ Addition
NAME JOSEPH DZURICH
STREET ADDRESS 2275 LINTON RIDGE CR A-8
CITY ST ZIP DELRAY BEACH, FL 33444

TITLE D ☐ Delete
NAME PENKALSKI, JOSEPH
STREET ADDRESS 2754 DUNLIN ROAD
CITY ST ZIP DELRAY BEACH FL 33444

TITLE TREASURER ☐ Change ☒ Addition
NAME DIMITRI SAINT-VILL
STREET ADDRESS 2259 LINTON RIDGE CR #B-1
CITY ST ZIP DELRAY BEACH, FL 33444

TITLE ST ☐ Delete
NAME LEE, CATHY
STREET ADDRESS 2259 LINTON RIDGE CIR
CITY ST ZIP DELRAY BEACH FL 33444

TITLE SEC. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☒ Addition
NAME ELIZABETH CONWELL
STREET ADDRESS 2307 LINTON RIDGE CR #C-5
CITY ST ZIP DELRAY BEACH, FL 33444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Rose Muzich, President

2-9-07 561-272-2617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #