

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90136 026 \*\*\*\*61.25

**DOCUMENT #751617**

1. Entity Name  
**LINKSIDE VILLAGE ASSOCIATION, INC.**



Principal Place of Business  
12273 US HWY 98  
STE 208  
SANDESTIN, FL 32550 US

Mailing Address  
12273 US HWY 98  
STE 208  
SANDESTIN, FL 32550 US

40043340



01092006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**DESTIN, FL**

City & State  
**DESTIN, FL**

4. FEI Number  
**59-2004507**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SUNCOAST ASSOCIATION MANAGEMENT  
WALTER D. SCOTT  
12273 US HWY 98 STE 208  
SANDESTIN, FL 32550**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **DESTIN** **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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
GOLDSTEIN, BERNARD  
480 LINKSIDE  
DESTIN, FL 32541** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DOBELEK, JOHN  
8808 ST ANDREWS DRIVE  
DESTIN, FL 32550** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
CROUSE, MARY  
461 LINKSIDE PLACE E  
DESTIN, FL 32550** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WARLAND, ART  
3892 SILK LEAF WAY  
BUFORD, GA 30519** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEBLANC, KARL J  
18217 BIRHAM WOOD AVE  
BATON ROUGE, LA 70810** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MOFFATT, BOB  
1609 SOUTH BROOK LANE  
TALLAHASSEE, FL 32312** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Mary Crouse  
4601 Linkside Place  
Destin, FL 32550** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
Peter Seale  
2 Sandestin Estates  
Destin, FL 32550** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
James Christopher Perdue  
492 Linkside Place  
Destin, FL 32550** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 empowers.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/30/06 80-654-9071**