

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90012 002 ****61.25

DOCUMENT # 751617

1. Entity Name
LINKSIDE VILLAGE ASSOCIATION, INC.



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

Mailing Address
**12273 US HWY 98
STE 208
DESTIN, FL 32550 US**



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

01092007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2004507

Applied For
Not Applicable

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
DESTIN, FL 32550**

7. Name and Address of New Registered Agent

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

**Filing 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

TITLE P ☒ Delete
NAME CROUSE, MARY
STREET ADDRESS 461 LINKSIDE PL
CITY-ST-ZIP DESTIN, FL 32550

TITLE V ☒ Delete
NAME SEALE, PETER
STREET ADDRESS 2 SANDESTINE ESTATES
CITY-ST-ZIP DESTIN, FL 32550

TITLE D ☐ Delete
NAME PERDUE, JAMES C
STREET ADDRESS 492 LINKSIDE PL
CITY-ST-ZIP DESTIN, FL 32550

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Mary Crouse
STREET ADDRESS 461 Linkside Pl.
CITY-ST-ZIP Destin, FL 32550

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

TITLE ☐ Change ☒ Addition
NAME Bernard Goldstein
STREET ADDRESS 480 Linkside Pl.
CITY-ST-ZIP Destin, FL 32550

TITLE ☐ Change ☒ Addition
NAME Joby Schilling
STREET ADDRESS 2512 Hidden Hills, Suite 101B
CITY-ST-ZIP Marietta, GA 30066

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07

Date

837-5586

Daytime Phone #