

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 754731</b> 1. Entity Name <b>LINKSIDE CONDOMINIUM ASSOCIATION, INC.</b>						FILED 07 DEC 14 AM 10:22 DEPT. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>5630 MATANZAS DR. SEBRING, FL 33872 US</b>				Mailing Address <b>5630 MATANZAS SEBRING, FL 33872 US</b>			
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				
4. FEI Number <b>59-2251086</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>KRASNY, MITCHELL A 5630 MATANAS DR. SEBRING, FL 33872</b>				7. Name and Address of New Registered Agent Name <b>EARL THOMPSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>5630 MATANZAS DR.</b> City <b>SEBRING</b> FL Zip Code <b>33872</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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title, if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>12/12/07</b>  <small>DATE</small> </div> </div>							
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>KRASNY, MITCHELL A</b> <b>5318 GREEN VALLEY TRAIL</b> <b>SAN ANGELO, TX 76904</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>EARL THOMPSON</b> <b>404 TWIN OAKS LN.</b> <b>JACKSONVILLE FL 32259</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS TITUS <b>11513 LAKE RIDGE DR.</b> <b>TAMPA, FL. 33618</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>FRANKLIN SCHAEFFER</b> <b>4453 MENDAVIA DR.</b> <b>SEBRING, FL 33872</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900113854879 <b>12/24/07--01004--011 *\$61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS 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 all other like empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>12/12/07</b> <b>904-287-9596</b> <small>Date Daytime Phone #</small>			