

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 754731

1. Entity Name
LINKSIDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

5630 MATANZAS DR.
SEBRING, FL 33872 US

Mailing Address

5630 MATANZAS DR.
SEBRING, FL 33872 US

FILED
Aug 04, 2008 08:00 AM
Secretary of State



07082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2251086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

THOMPSON, EARL
5630 MATANZAS DR.
SEBRING, FL 33872

**DO NOT WRITE
IN THIS SPACE**

I, 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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, EARL 404 TWIN OAKS LN JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TITUS, THOMAS 11513 LAKE RIDGE DR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHAEFFER, FRANKLIN 4453 MENDEAVIA DR SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000957109
08/04/08-80009-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Franklin Robert Schaeffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #