

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90048 046 \*\*\*\*61.25

<b>DOCUMENT # 757407</b> 1. Entity Name <b>THE LINKS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O RESOURCE PROP MGMT 7300 PARK ST LARGO, FL 33777</b>		Mailing Address <b>C/O RESOURCE PROP MGMT 7300 PARK ST LARGO, FL 33777</b>	
2. Principal Place of Business - No P.O. Box # <b>3001 Executive Dr. Suite 260 Clearwater, FL 33762 Pinellas</b>		3. Mailing Address <b>3001 Executive Dr. Suite 260 Clearwater, FL 33762 Pinellas</b>	
4. FEI Number <b>59-2284444</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RESOURCE MANAGEMENT, INC. 7300 PARK STREET SEMINOLE, FL 33777</b>		7. Name and Address of New Registered Agent Name <b>Condominium Associates</b> Street Address (P.O. Box Number is Not Acceptable) <b>3001 Executive Dr Suite 260 Clearwater FL 33762</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>Kay Q. Wade</b>  <b>04/09/08</b>  <small>DATE</small> </div> </div>			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD NAME COPP, JAY <input checked="" type="checkbox"/> Delete STREET ADDRESS 9150 PARK BOULEVARD SUITE 8 CITY - ST - ZIP SEMINOLE, FL 33777	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kay Wade</b> <b>9000 Park Blvd. #3</b> <b>Seminole, FL 33777</b>
TITLE TD NAME JAMES, INGRAM <input type="checkbox"/> Delete STREET ADDRESS 9000 PARK BLVD #4 CITY - ST - ZIP SEMINOLE, FL 33777	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME HUNT, JAMES <input checked="" type="checkbox"/> Delete STREET ADDRESS 9000 PARK BOULEVARD #1 CITY - ST - ZIP SEMINOLE, FL 33777	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Larry Berman</b> <b>9200 Park Blvd. #404</b> <b>Seminole, FL 33777</b>
TITLE D NAME SMITH, CARL <input type="checkbox"/> Delete STREET ADDRESS 9100 PARK BOULEVARD SUITE 6 CITY - ST - ZIP SEMINOLE, FL 33777	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Al Mancini</b> <b>9150 Park Blvd. #1</b> <b>Seminole, FL 33777</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date _____		Daytime Phone # _____	