


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90088 042 ****61.25

DOCUMENT # 757447 1. Entity Name LINKSIDE VILLAGE CONDOMINIUM I ASSOCIATION, INC.			
Principal Place of Business 10730 U.S. 19 SUITE 17 PORT RICHEY, FL 34668		Mailing Address 10730 U.S. 19 SUITE 17 PORT RICHEY, FL 34668	
2. Principal Place of Business 1050 A Eastlake Woodlands Pkwy		3. Mailing Address 1050 A Eastlake Woodlands Pkwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Oldsmar FL		City & State Oldsmar FL	
Zip 34677		Zip 34677	
Country USA		Country USA	
4. FEI Number 59-2264153		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 QUALIFIED PROPERTY MANAGEMENT ICN 10730 U. S. 19, SUITE 17 PORT RICHEY, FL 34668		7. Name and Address of New Registered Agent Name Scannavino, Inc. Street Address (P.O. Box Number is Not Acceptable) 1050 A Eastlake Woodlands Parkway City Oldsmar FL Zip Code 34677	
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 <u>Donna Scannavino</u> DATE <u>03-07-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TSCHIERSCHE, EMMA 11120 LINKSIDE DRIVE PORT RICHEY, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARVEY, STEVEN 11201 SANDTRAP DRIVE PORT RICHEY, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAURENSEN, ROBERT 11130 SANDTRAP DR PORT RICHEY, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAVOIE, FRANK 11111 LINKSIDE DR. PORT RICHEY, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZACH, DONALD 11030 SANDTRAP DR. PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u>Steven V. Nam</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/1/06</u> Daytime Phone # <u>727-697-1148</u>	