2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **759307** Apr 19, 2000 8:00 am Secretary of State LINTON WOODS CONDOMINIUM ASSOCIATION, INC. 04-19-2000 90056 048 ****61.25 Principal Place of Business Mailing Address 1555 S. FEDERAL HWY 1555 S. FEDERAL HWY #206 DELRAY BEACH FL 33483 DELRAY BEACH FL 33483-5050 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2159746 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MILLS, MARVIN 1555 S. FEDERAL HWY. SUITE 203 Zip Code FL **DELRAY BEACH FL 33483** 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Change TITLE X Delete NAME RASMUSSEN, JACK NAME STREET ADDRESS STREET ADDRESS 1555 S. FEDERAL HWY., SUITE 308 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Change ☐ Addition DT ☐ Delete TITLE TITLE NAME MILLS, MARVIN NAME STREET ADDRESS 1555 S. FEDERAL HWY., #203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Change Addition **VD** A Delete TITLE TITLE RAMSEY, DOUGLAS NAME NAME STREET ADDRESS STREET ADDRESS 1555 S. FEDERAL HWY. #101 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL DP ☐ Change Addition TITLE DS ☐ Delete TITLE RASMUSSEN, SUSAN NAME NAME STREET ADDRESS STREET ADDRESS 1555 S. FEDERAL HWY. #308 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL Change Addition TITLE ☐ Delete TITLE Virginia Nichols 1555 S. FREDERIL HRUY#105 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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