

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90573 050 ****61.25

DOCUMENT # 759307

1. Entity Name

LINTON WOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1555 S. FEDERAL HWY
#207
DELRAY BEACH FL 33483

Mailing Address

1555 S. FEDERAL HWY
#207
DELRAY BEACH FL 33483

2. Principal Place of Business

1555 S. FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address

1555 S. FEDERAL HWY
Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number

59-2159746

Applied For

Not Applicable

Zip

33483

Country

US

Zip

33483

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, ERIC
1555 S. FEDERAL HWY.
SUITE 207
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name JACKIE MILLS
Street Address (P.O. Box Number is Not Acceptable)
1555 S. FEDERAL HWY
City DELRAY BEACH FL Zip Code 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JACKIE MILLS

Jackie Mills

4/24/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DT	☒ Delete
NAME	GOODMAN, SANDRA	
STREET ADDRESS	1555 S. FEDERAL HWY., #203	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DS	☒ Delete
NAME	NICHOLS, VIRGINIA	
STREET ADDRESS	1555 S FEDERAL HWY #105	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VPD	☐ Delete
NAME	MILLS, JACKIE	
STREET ADDRESS	15555 FEDERAL HWY #203	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	NA	☐ Delete
NAME	NONE, NONE	
STREET ADDRESS	NONE	
CITY-ST-ZIP	NONE FL 33483	
TITLE	NA	☐ Delete
NAME	NONE, NONE	
STREET ADDRESS	NONE	
CITY-ST-ZIP	NONE FL 33483	
TITLE	P	☒ Delete
NAME	GOODMAN, ERIC	
STREET ADDRESS	1555 SOUTH FEDERAL HIGHWAY	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	JACKIE MILLS	
STREET ADDRESS	1555 S. FEDERAL #203	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	VPD	☐ Change ☒ Addition
NAME	MARIA MAHER	
STREET ADDRESS	1555 S. FEDERAL #303	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	STD	☐ Change ☒ Addition
NAME	LISA HUTT	
STREET ADDRESS	1555 S. FEDERAL #202	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jackie Mills JACKIE MILLS

4/24/04

561-276-7142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #