2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State
03-30-2006 90033 006 ****61.25

DOCUMENT # 759307

1. Entity Name

LINTON WOODS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1555 S. FEDERAL HWY DELRAY BEACH FL 33483	1555 S. FEDERAL HWY DELRAY BEACH FL 33483

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-2159746 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLS, JACKIE 1555 S. FEDERAL HWY. #203 DELRAY BEACH FL 33483	Name: David J Pugh Street Address (P.O. Box Number is Not Acceptable): GALLUP ACCOUNTING 817 George Bush Blvd. City: Delray Beach, FL 33483 FL Zip Code

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 _____ 3-13-06
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, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☒ Delete	TITLE	PD ☐ Change ☒ Addition
NAME	MILLS, JACKIE	NAME	GENE SCHEFFLER
STREET ADDRESS	1555 S. FEDERAL HWY., #203	STREET ADDRESS	1555 S. FEDERAL HWY #208
CITY-ST-ZIP	DELRAY BEACH FL 33483	CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	VPD ☒ Delete	TITLE	VPD ☐ Change ☒ Addition
NAME	MAHER, MARIA	NAME	LAURA BARRY
STREET ADDRESS	1555 S. FEDERAL HWY. #303	STREET ADDRESS	1555 S FEDERAL HWY #307
CITY-ST-ZIP	DELRAY BEACH FL 33483	CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	VPD ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	MILLS, JACKIE	NAME	ELLIOTT ALTMAN
STREET ADDRESS	15555 FEDERAL HWY #203	STREET ADDRESS	1555 S. FEDERAL HWY #307
CITY-ST-ZIP	DELRAY BEACH FL 33483	CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	STD ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	MUTT, LISA	NAME	LEKANDES, ATHENA
STREET ADDRESS	1555 S. FEDERAL HWY. #202	STREET ADDRESS	1555 S. FEDERAL HWY #201
CITY-ST-ZIP	DELRAY BEACH FL 33483	CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X Gene Scheffler GENE SCHEFFLER X 3/24/06 243-3305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #