

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

1555 S. FEDERAL HWY
DELRAY BEACH FL 33483

Mailing Address

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

4. FEI Number

59-2159746

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

MILLS, JACKIE
1555 S. FEDERAL HWY. #203
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

DAVID J PUGH

Street Address (P.O. Box Number is Not Acceptable)

GALLUP ACCOUNTING

City

817 George Bush Blvd.
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

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

(NOTE: Registered Agent signature required when resigning)

DATE

3-13-06

**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

TITLE PD
NAME MILLS, JACKIE ☒ Delete
STREET ADDRESS 1555 S. FEDERAL HWY., #203
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE VPD
NAME MAHER, MARIA ☒ Delete
STREET ADDRESS 1555 S. FEDERAL HWY. #303
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE VPD
NAME MILLS, JACKIE ☒ Delete
STREET ADDRESS 1555 FEDERAL HWY #203
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE STD
NAME MUTT, LISA ☐ Delete
STREET ADDRESS 1555 S. FEDERAL HWY. #202
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME GENE SCHEFFLER
STREET ADDRESS 1555 S. FEDERAL HWY #202
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE VPD ☐ Change ☒ Addition
NAME LAURA BARRY
STREET ADDRESS 1555 S. FEDERAL HWY #307
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE D ☐ Change ☒ Addition
NAME ELLIOTT ALTMAN
STREET ADDRESS 1555 S. FEDERAL HWY #307
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE D ☐ Change ☒ Addition
NAME LEKANDES, ATHENA
STREET ADDRESS 1555 S. FEDERAL HWY #201
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

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 line empowered

SIGNATURE:

Gene Scheffler GENE SCHEFFLER

3/24/06

243-3305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #