

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90005 042 ****61.25

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

PUGH, DAVID J
GALLUP ACCOUNTING
817 GEORGE BUSH BLVD
DELRAY BEACH FL 33483

Name

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

City

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 certifying)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 ☐ Delete
NAME: SCHEFFLER, GENE
STREET ADDRESS: 1555 S FEDERAL HWY, # 208
CITY ST ZIP: DELRAY BEACH FL 33483

TITLE: VPD ☐ Delete
NAME: BARRY, LAURA
STREET ADDRESS: 1555 S FEDERAL HWY, # 307
CITY ST ZIP: DELRAY BEACH FL 33483

TITLE: D ☐ Delete
NAME: ALTMAN, ELLIOTT
STREET ADDRESS: 1555 S FEDERAL HWY, # 307
CITY ST ZIP: DELRAY BEACH FL 33483

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

TITLE: D ☒ Delete
NAME: LEKANIDES, ATHENA
STREET ADDRESS: 1555 S FEDERAL HWY, # 201
CITY ST ZIP: DELRAY BEACH FL 33483

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Change ☒ Addition
NAME: MAUREEN RUTHMAN
STREET ADDRESS: 1555 S FEDERAL HWY #308
CITY ST ZIP: DELRAY BEACH, FL 33483

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 like empowered.

SIGNATURE:

Gene Scheffler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-07

561-272-

2617