

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759307

FILED
Mar 12, 2009
Secretary of State

Entity Name: LINTON WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1555 S. FEDERAL HWY
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

1555 S. FEDERAL HWY
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 59-2159746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHEFFLER, GENE
Address: 1555 S FEDERAL HWY, # 208
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD () Delete
Name: BARRY, LAURA
Address: 1555 S FEDERAL HWY, # 307
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPD () Delete
Name: ALTMAN, ELLIOTT
Address: 1555 S FEDERAL HWY, # 307
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD (X) Delete
Name: MUTT, LISA
Address: 1555 S. FEDERAL HWY. #202
City-St-Zip: DELRAY BEACH, FL 33483

Title: D (X) Delete
Name: RUTHMAN, MAUREEN
Address: 1555 S. FEDERAL HWY., 308
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HUTT, LISA
Address: 1555 S FEDERAL HWY, # 307
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPT (X) Change () Addition
Name: BARRY, LAURA
Address: 1555 S FEDERAL HWY, # 307
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE SCHEFFLER

P

03/12/2009

Electronic Signature of Signing Officer or Director

Date