

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770785

1. Entity Name

THE LINKS AT CARROLLWOOD CONDOMINIUM ASSOCIATION

FILED
Apr 18, 2000 8:00 am
Secretary of State

03-27-2000 90095 032 ****61.25

Principal Place of Business

14009 CLUBHOUSE CIRCLE
TAMPA FL 33624
US

Mailing Address

14009 CLUBHOUSE CIRCLE
TAMPA FL 33624-3501
US

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

59-2397680

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

~~LEBRON, AWILDA~~
~~5102 BELMERE PARKWAY~~
~~TAMPA FL 33624~~

Name **Sylvia Wilson**

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

14001 Clubhouse Circle #104

City **Tampa**

FL

Zip Code **33624**

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.

SIGNATURE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME GINNY, DOANE
STREET ADDRESS 6584 POPLAR AVENUE, SUITE 340
CITY-ST-ZIP MEMPHIS TN 38138

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

TITLE VPD ☒ Delete
NAME BLANKENSHIP, DEBBI
STREET ADDRESS 2201 S.E. 29TH STREET
CITY-ST-ZIP OCALA FL 34471

TITLE VPD ☐ Change ☒ Addition
NAME Tom Grimes
STREET ADDRESS 8700 Southside Blvd.
CITY-ST-ZIP Jacksonville, FL 32256

TITLE S ☐ Delete
NAME LEBRON, AWILDA
STREET ADDRESS 5102 BELMERE PARKWAY
CITY-ST-ZIP TAMPA FL 33624

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

TITLE TD ☐ Delete
NAME WILSON, SYLVIA
STREET ADDRESS 14009 CLUBHOUSE CIRCLE
CITY-ST-ZIP TAMPA FL 33624

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME Steve Haines
STREET ADDRESS 6584 Poplar Ave, Suite 340
CITY-ST-ZIP Memphis, TN 38138

TITLE ☐ Delete
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)