

DOCUMENT # 770785

1. Entity Name

THE LINKS AT CARROLLWOOD CONDOMINIUM ASSOCIATION

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90007 032 ****61.25

| | | | |
|--|---------|---|---------|
| Principal Place of Business C/O MID-AMERICA APT. COMMUNITIES, INC. 6584 POPLAR AVE. #340 MEMPHIS TN 38138 US | | Mailing Address C/O MID-AMERICA APT. COMMUNITIES, INC. 6584 POPLAR AVE. #340 MEMPHIS TN 38138 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent LEBRON, AWILDA 5120 BELMERE PARKWAY TAMPA FL 33624 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5102 Not 5120 City FL Zip Code | |

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2397680
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DOANE, GINNY 6584 POPLAR AVENUE, SUITE 340 MEMPHIS TN 38138 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addit |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GRIMES, TOM 6584 POPLAR AVENUE, SUITE 340 MEMPHIS TN 38138 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addit |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LEBRON, AWILDA 6584 POPLAR AVENUE, SUITE 340 MEMPHIS TN 38138 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addit |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT WILSON, SYLVIA 6584 POPLAR AVENUE, SUITE 340 MEMPHIS TN 38138 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addit |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAINES, STEVE 6584 POPLAR AVENUE, SUITE 340 MEMPHIS TN 38138 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addit |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addit |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #