2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004
Secretary of State

DOCUMENT# 770785

Entity Name: THE LINKS AT CARROLLWOOD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O MID-AMERICA APT. COMMUNITIES, INC.
6584 POPLAR AVE., #300
MEMPHIS, TN 38138 US

New Principal Place of Business:

Current Mailing Address:

C/O MID-AMERICA APT. COMMUNITIES, INC.
6584 POPLAR AVE., #300
MEMPHIS, TN 38138 US

New Mailing Address:

FEI Number: 59-2397680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEBRON, AWILDA
5102 BELMERE PARKWAY
TAMPA, FL 33624 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:	DOANE, GINNY	
Address:	6584 POPLAR AVENUE, SUITE 300	
City-St-Zip:	MEMPHIS, TN 38138	
Title:	VPD	( ) Delete
Name:	GRIMES, TOM	
Address:	6584 POPLAR AVENUE, SUITE 300	
City-St-Zip:	MEMPHIS, TN 38138	
Title:	D	( ) Delete
Name:	LEBRON, AWILDA	
Address:	6584 POPLAR AVENUE, SUITE 300	
City-St-Zip:	MEMPHIS, TN 38138	
Title:	S	( ) Delete
Name:	WOLFGANG, LESLIE	
Address:	6584 POPLAR AVE STE 300	
City-St-Zip:	MEMPHIS, TN 38138	
Title:	D	( ) Delete
Name:	HAINES, STEVE	
Address:	6584 POPLAR AVENUE, SUITE 300	
City-St-Zip:	MEMPHIS, TN 38138	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 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: LESLIE WOLFGANG S 02/11/2004

Electronic Signature of Signing Officer or Director — Date