

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90041 022 ****61.25

DOCUMENT # N00000001638					
1. Entity Name THE CONDOMINIUM ASSOCIATION OF LINKSIDE AT BURNT STORE MARINA & COUNTRY CLUB, INC.					
Principal Place of Business % 4801 LINKSIDE DR. PUNTA GORDA, FL 33955 US			Mailing Address C/O STAR HOSPITALITY MANAGEMENT 6025 TAYLOR ROAD, SUITE 2 PUNTA GORDA, FL 33950 US		
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	4. FEI Number 65-1020984	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STAR HOSPITALITY MANAGEMENT 6025 TAYLOR ROAD PUNTA GORDA, FL 33950			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME ELLIOT, JANET STREET ADDRESS 4801 LINKSIDE DR CITY-ST-ZIP PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete		TITLE Sec. Treas. NAME Carol Patulo STREET ADDRESS 4941 Linkside Dr. CITY-ST-ZIP Punta Gorda, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPB NAME STELLER, JIM STREET ADDRESS 4841 LINKSIDE WAY CITY-ST-ZIP PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete		TITLE Pres NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME HARP, MARY STREET ADDRESS 219 BIG PINE LN CITY-ST-ZIP PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Robert Brock STREET ADDRESS 900 Linkside way CITY-ST-ZIP Punta Gorda, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME GNIOT, KEN STREET ADDRESS 950 LINKSIDE WAY CITY-ST-ZIP PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Jim McTernan STREET ADDRESS 920 Linkside way CITY-ST-ZIP Punta Gorda, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE B NAME HENRY, JEWEL STREET ADDRESS 4911 LINKSIDE DR CITY-ST-ZIP PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete		TITLE V.P. NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Carol Patulo</i>			1-17-08 941-833-3365		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		