

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003903

FILED
Apr 09, 2010
Secretary of State

Entity Name: GREENLINKS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

7990 MAHOGANY RUN LANE
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

3050 N HORSESHOE DR
#275
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-1091743 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VANDALL, BONITA D
3050 N. HORSESHOE DRIVE
SUITE 275
NAPLES, FL 34104 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: DP
Name: BARRON, SHERRIE
Address: 8430 230TH STREET, E.
City-St-Zip: LAKEVILLE, MN 55044

Title: D
Name: CHIAPPE-KAY, CINDY
Address: 366 RESERVE CIRCLE
City-St-Zip: CLAREDON HILLS, FL 60514

Title: DVP
Name: TEMPLE, MICHAEL
Address: 7920 MAHOGANY RUN LANE #1013
City-St-Zip: NAPLES, FL 34104

Title: DS
Name: HETZLER, MICHAEL
Address: 7905 MAHOGANY RUN LANE #1316
City-St-Zip: NAPLES, FL 34104

Title: DT
Name: DEL PIZZO, JACK
Address: 7940 MAHOGANY RUN LANE #621
City-St-Zip: NAPLES, FL 34104

I hereby 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 all other like empowered.

SIGNATURE: SHERRIE BARRON

P

04/09/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date