

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90307 001 \*\*\*\*70.00

**DOCUMENT # N00000003906**

1. Entity Name  
**GREENLINKS I CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**7990 MAHAGANY RUN LANE  
NAPLES, FL 34113**

Mailing Address  
**7990 MAHAGANY RUN LANE  
NAPLES, FL 34113**

**94055950**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

**65-1091741**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MILDNER, RICHARD A  
205 MANS HARBOR  
APOLLO BEACH, FL 33572**

Name  
**MARY ANNE MONSRUD**

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

**6620 ESTERO BLVD.**

City  
**FT. MYERS BEACH**

FL

Zip Code  
**33931**

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

*Mary Anne Monsrud* **MARY ANNE MONSRUD**

**4/15/04**

Signature, typed or printed name of registered agent and title if applicable;

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SHELLING, KATHY  
3505 FRONTAGE ROAD, SUITE 145  
TAMPA, FL 33607** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BOFF, DAVID  
1101 S. COLLIER BLVD. #304  
MARCO ISLAND, FL 34145** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
BOFF, DAVID  
1101 S. COLLINS BLVD. #304  
MARCO ISLAND, FL 34145** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
VITALE, PEGGY  
840 NEWELL TERRECE  
MARCO ISLAND, FL 34145** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
BOFF, JOE  
8401 INDIAN WELLS WAY  
NAPLES, FL 34113** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MILDNER, RICHARD A  
205 MANS HARBOR  
APOLLO BEACH, FL 33572** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

*Joseph D Boff* **Joseph D Boff** **4/14/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #