

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003906

FILED
Feb 13, 2008
Secretary of State

Entity Name: GREENLINKS I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7990 MAHAGANY RUN LANE
NAPLES, FL 34113

New Principal Place of Business:

7990 MAHOGANY RUN LANE
NAPLES, FL 34113

Current Mailing Address:

PO BOX 380758
MURDOCK, FL 33938

New Mailing Address:

FEI Number: 65-1091741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISHARD, KRISTINE
23081 HARBOURVIEW RD
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

WISHARD, KRISTINE
1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983 US

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: _____

02/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOFF, DAVID
Address: 1101 S COLLIER BLVD., #304
City-St-Zip: MARCO ISLAND, FL 34145

Title: ST () Delete
Name: BOFF, JOE
Address: 8401 INDIAN WELLS WAY
City-St-Zip: NAPLES, FL 34113

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLLINS-MROZ, MARSHA
Address: 8615 W. MADISON DRIVE
City-St-Zip: NILES, IL 60714

Title: VPD (X) Change () Addition
Name: WILLIAMS, ROBERT
Address: 1650 NORTHRIDGE DRIVE
City-St-Zip: HASTINGS, MN 55033

Title: STD () Change (X) Addition
Name: O'DAY, LILLI
Address: 10501 PALOS WEST DRIVE
City-St-Zip: PALOS PARK, IL 60464

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARSHA COLLINS-MROZ

PD

02/13/2008

Electronic Signature of Signing Officer or Director

Date