


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90327 017 \*\*\*\*70.00

<b>DOCUMENT # N01000000244</b> 1. Entity Name <b>GREENLINKS II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>7990 MAHOGANY RUN LANE NAPLES, FL 34113</b>			Mailing Address <b>7990 MAHOGANY RUN LANE NAPLES, FL 34113</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>65-1105275</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MILDRER, RICHARD A 205 MANS HARBOR DR APOLLO BEACH, FL 33572</b>			7. Name and Address of New Registered Agent Name <b>MARY-ANNE MONSRUD</b> Street Address (P.O. Box Number is Not Acceptable) <b>6620 ESTERO BLVD.</b> City <b>FORT MYERS BEACH</b> FL Zip Code <b>33931</b>		
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 <i>Mary Anne Monsrud</i> <b>MARYANNE MONSRUD</b> DATE <b>4/15/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHELLING, KATHY</b> <b>3505 FRONTAGE ROAD SUITE 145</b> <b>TAMPA, FL 33607</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WHYTE, DON</b> <b>15310 Amberly Dr. Suite #105</b> <b>TAMPA, FL 33647</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WRENN, LISA</b> <b>3505 FRONTAGE ROAD SUITE 145</b> <b>TAMPA, FL 33607</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GANSTER, JOHN</b> <b>68 ARJONA WAY</b> <b>HOT SPRINGS VILLAGE, AR 71909</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BOFF, JOE</b> <b>8401 INDIAN WELLS WAY</b> <b>NAPLES, FL 34113</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAINONE, MARY</b> <b>33 GARRYFORD DR.</b> <b>MIDDLETON, NJ 07748</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILDNER, RICHARD A</b> <b>205 MANS HARBOR DR</b> <b>APOLLO BEACH, FL 33572</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FASICK, KAREN</b> <b>15310 Amberly Dr. #105</b> <b>TAMPA, FL 33647</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STANLEY, JACK</b> <b>4040 OLD TRAIL WAY</b> <b>NAPLES, FL 34103</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 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 life empowered.					
SIGNATURE: <i>Joseph D. Boff</i> <b>Joseph D. Boff</b> DATE <b>4/14/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					