


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State


04-22-2005 90277 047 ****61.25

DOCUMENT # N01000000244	
1. Entity Name GREENLINKS II CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 7990 MAHOGANY RUN LANE NAPLES, FL 34113	Mailing Address 7990 MAHOGANY RUN LANE NAPLES, FL 34113
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

20041604



04052005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-1105275	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MONSRUD, MARY-ANNE 6620 ESTERO BLVD FORT MYERS BEACH, FL 33931	
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7. Name and Address of New Registered Agent	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input checked="" type="checkbox"/> Delete WHYTE, DON 15310 AMBERLY DR SUITE #105 TAMPA, FL 33647	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sam Darany 28757 Chatham Grosse Ile, MI 48138
TITLE V	<input type="checkbox"/> Delete GANSTER, JOHN 68 ARJONA WAY HOT SPRINGS VILLAGE, AR 71909	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST	<input checked="" type="checkbox"/> Delete BOFF, JOE 8401 INDIAN WELLS WAY NAPLES, FL 34113	TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVID LAWRENCE 6620 Estero Blvd Ft Myers Beach, FL 33931
TITLE D	<input type="checkbox"/> Delete RAINONE, MARY 33 GARRY FORD DR MIDDLETOWN, NJ 07748	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Charles Femminella 1 Oakwood Road Randolph NJ 07869
TITLE D	<input checked="" type="checkbox"/> Delete FAISCK, KAREN 15310 AMERLY DR #105 TAMPA, FL 33647	TITLE GM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Denine Casico-Snyder 7990 Mahogany Run Lane Naples FL 34113

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: 	19 April 2005
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>