

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90144 015 ****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			
2. Principal Place of Business		3. Mailing Address PO Box 380758				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State HUDOCK FL		4. FEI Number 65-1105275		
Zip		Zip 33938		Country US		
6. Name and Address of Current Registered Agent MONSRUD, MARY-ANNE 6620 ESTERO BLVD FORT MYERS BEACH, FL 33931				7. Name and Address of New Registered Agent Name: Kristine Wishard Street Address (P.O. Box Number is Not Acceptable): 23081 Harborview Road City: Port Charlotte FL Zip Code: 33980		
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>				DATE: 7/7/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 6, 2006		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						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE VP	NAME DARANY, SAM		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 28757 CHATHAM	CITY-ST-ZIP GROSSE ILE, MI 48138			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE P	NAME GANSTER, JOHN		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 68 ARJONA WAY	CITY-ST-ZIP HOT SPRINGS VILLAGE, AR 71909			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE ST	NAME LAWRENCE, DAVID		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 6620 ESTERO BLVD.	CITY-ST-ZIP FORT MYERS BEACH, FL 33931			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE D	NAME RAINONE, MARY		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 33 GARRY FORD DR	CITY-ST-ZIP MIDDLETOWN, NJ 07748			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE D	NAME FEMMINELLA, CHARLES		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 1 OAKWOOD ROAD	CITY-ST-ZIP RANDOLPH, NJ 07869			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE GM	NAME CASICO-SNYDER, DENINE		<input checked="" type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 7990 MAHOGANY RIVER LANE	CITY-ST-ZIP NAPLES, FL 34113			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 7/7/06 DAYTIME PHONE #: 941-629-8190		