

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90005 039 ****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 PO BOX 380758 MURDOCK, FL 33938		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1105275	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
WISHARD, KRISTINE 23081 HARBORVIEW ROAD PORT CHARLOTTE, FL 33980		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 STREET ADDRESS 28757 CHATHAM CITY- ST- ZIP GROSSE ILE, MI 48138	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Cynthia Chiappe-Kay STREET ADDRESS 366 Reserve Circle CITY- ST- ZIP Clarendon Hills, IL 60514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME GANSTER, JOHN STREET ADDRESS 68 ARJONA WAY CITY- ST- ZIP HOT SPRINGS VILLAGE, AR 71909	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Robert Williams STREET ADDRESS 1650 Northridge Drive CITY- ST- ZIP Hastings, MN 55033	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME LAWRENCE, DAVID STREET ADDRESS 6620 ESTERO BLVD. CITY- ST- ZIP FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete		TITLE STD NAME Sherrie Barron STREET ADDRESS 8430 230th Street, E. CITY- ST- ZIP Lakeville, MN 55044	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME RAINONE, MARY STREET ADDRESS 33 GARRY FORD DR CITY- ST- ZIP MIDDLETOWN, NJ 07748	<input type="checkbox"/> Delete		TITLE D NAME Gary Huhn STREET ADDRESS 1892 Lauren Lane CITY- ST- ZIP Toms Rivers, NJ 08755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME FEMMINELLA, CHARLES STREET ADDRESS 1 OAKWOOD ROAD CITY- ST- ZIP RANDOLPH, NJ 07869	<input checked="" type="checkbox"/> Delete		TITLE D NAME GARY HUHN STREET ADDRESS 1892 LAUREN LANE CITY- ST- ZIP TOMS RIVERS, NJ 08755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME GARY HUHN STREET ADDRESS 1892 LAUREN LANE CITY- ST- ZIP TOMS RIVERS, NJ 08755	<input type="checkbox"/> Delete		TITLE D NAME GARY HUHN STREET ADDRESS 1892 LAUREN LANE CITY- ST- ZIP TOMS RIVERS, NJ 08755	<input type="checkbox"/> Change <input checked="" 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>			1-29-07 6303258738 <small>Date Daytime Phone #</small>		