

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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

FILED

08 OCT 22 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09242008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-1105275

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
BENSON'S RT

Street Address (P.O. Box Number is Not Acceptable)

3050 N. HORSESHOE DRIVE, SUITE 275

City
NAPLES

FL

Zip Code
34104

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

Denise Wills DENISE WILLS, AGENT

9-25-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD ☐ Delete
NAME CHIAPPE-KAY, CYNTHIA
STREET ADDRESS 366 RESERVE CIRCLE
CITY-ST-ZIP CLARENDON HILLS, IL 60514

TITLE ☐ Change ☐ Addition
NAME 900137165939
STREET ADDRESS 10/22/08--01025--005 **\$1.25
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME WILLIAMS, ROBERT
STREET ADDRESS 1650 NORTHRIDGE DRIVE
CITY-ST-ZIP HASTINGS, MN 55033

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME BARRON, SHERRIE
STREET ADDRESS 8430 230TH STREET, E
CITY-ST-ZIP LAKEVILLE, MN 55044

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DARANY, SAM
STREET ADDRESS 28757 CHATHAM
CITY-ST-ZIP GROSSE ILE, MI 48138

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HUHN, GARY
STREET ADDRESS 1892 LAUREN LANE
CITY-ST-ZIP TOMS RIVER, NJ 08755

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Denise Wills* DENISE WILLS, AGENT 9-25-08 239-263-1577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #