

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000244

FILED
Apr 14, 2009
Secretary of State

Entity Name: GREENLINKS II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7990 MAHOGANY RUN LANE
NAPLES, FL 34113

New Principal Place of Business:

7990 MAHOGANY RUN LANE
NAPLES, FL 34104

Current Mailing Address:

PO BOX 380758
MURDOCK, FL 33938

New Mailing Address:

3050 N HORSESHOE DR
#275
NAPLES, FL 34104

FEI Number: 65-1105275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENSON'S KT
3050 N. HORSESHOE DRIVE
SUITE 275
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

VANDALL, BONITA D
3050 N. HORSESHOE DRIVE
SUITE 275
NAPLES, FL 34104 US

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.

SIGNATURE: BONITA VANDALL

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHIAPPE-KAY, CYNTHIA
Address: 366 RESERVE CIRCLE
City-St-Zip: CLARENDON HILLS, IL 60514

Title: VPD () Delete
Name: WILLIAMS, ROBERT
Address: 1650 NORTHRIDGE DRIVE
City-St-Zip: HASTINGS, MN 55033

Title: STD () Delete
Name: BARRON, SHERRIE
Address: 8430 230TH STREET, E
City-St-Zip: LAKEVILLE, MN 55044

Title: D () Delete
Name: DARANY, SAM
Address: 28757 CHATHAM
City-St-Zip: GROSSE ILE, MI 48138

Title: D () Delete
Name: HUH, GARY
Address: 1892 LAUREN LANE
City-St-Zip: TOMS RIVER, NJ 08755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BARRON, SHERRIE
Address: 8430 230TH STREET, E
City-St-Zip: LAKEVILLE, MN 55044

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA CHIAPPE-KAY

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date