Fax:2399492871

FILED
Mar 07, 2005 8:00 am
Secretary of State
03-07-2005 90280 048 ****61.25

...R-PROFIT CORPORATION ...NNUAL REPORT

...# N01000008027

...S CONDOMINIUM ASSOCIATION, INC.

...HIDDEN LINKS CONDOMINIUM

50023103

...l Place of Business	Mailing Address
...301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134	24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134

01312005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 04-3637604 ☐ Applied For ☐ Not Applicable

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
~~HASTINGS, VIVIEN N~~ 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134	Name: WCI COMMUNITIES PROPERTY MGMT, INC Street Address (P.O. Box Number Is Not Acceptable): 24301 WALDEN CENTER DR City: BONITA SPRINGS FL Zip Code: 34134

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: Sylvia Keith SYLVIA KEITH 2/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Jacqueline Weigel 2/25/05

Filing Fee Is $61.25
Due by May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DST~~ ~~KEITH, SYLVIA~~ ~~2020 CLUBHOUSE DR~~ ~~SUN CITY CENTER, FL 33573~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/DIRECTOR Diane Bailes 12052 Brassie Bend, Unit 102 Ft Myers, FL 33913	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~GISLASON, ROBERT M~~ ~~24301 WALDEN CENTER DRIVE SUITE 300~~ ~~BONITA SPRINGS, FL 34134~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/DIRECTOR Joseph Byrne 12060 Brassie Bend, Unit 202 Ft Myers, FL 33913	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ ~~HESSEL, MICHAEL~~ ~~24301 WALDEN CENTER DR~~ ~~BONITA SPRINGS, FL 34134~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer/DIRECTOR Steve Nice 12072 Brassie Bend Unit 201 Ft Myers, FL 33913	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Diane Bailes 2/23/05 239-225-7304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #