## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000008027

Entity Name: HIDDEN LINKS CONDOMINIUM ASSOCIATION, INC.

FILED Apr 19, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

11940 FAIRWAY LAKES DR. SUITE 4 C/O CORNERSTONE ASSOCIATION MANAGEMENT INC FORT MYERS, FL 33913

11940 FAIRWAY LAKES DR. SUITE 4

FORT MYERS, FL 33913

**Current Mailing Address:** New Mailing Address:

11940 FAIRWAY LAKES DR. SUITE 4 C/O CORNERSTONE ASSOCIATION MANAGEMENT INC FORT MYERS, FL 33913

11940 FAIRWAY LAKES DR. SUITE 4

FORT MYERS, FL 33913

FEI Number: 04-3637604 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORNERSTONE ASSOC. MGMT INC 8359 BEACON BLVD

FORT MYERS, FL 33913

**STE 417** FORT MYERS, FL 33907 US

City-St-Zip:

SHERRY, NASSOIY CORNERSTONE ASSOCIATION MANAGEMENT, INC. 11940 FAIRWAY LAKES DR. SUITE 04

FORT MYERS, FL 33913

FORT MYERS, FL 33913 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: SHERRY NASSOIY 04/19/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

BYRNE, JOSEPH BYRNE, JOSEPH Name: Name: Address:

12060 BRASSIE BEND UNIT 202 Address: 12060 BRASSIE BEND UNIT 202 City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: FORT MYERS, FL 33913

(X) Change ( ) Addition Title: DST () Delete Title: DELANEY, ROBERT Name: MORSCHHAUSER, JOYCE Name: Address: 12041 BRASSIE CIRCLE #201 Address: 12020 BRASSIE CIRCLE #202 City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: FORT MYERS, FL 33913

Title: () Delete Title: DVP (X) Change ( ) Addition SUTHERLAND, ROBERT Name: SUTHERLAND, ROBERT Name: 12021 BRASSIE CIRCLE #201 12021 BRASSIE CIRCLE #201 Address: Address:

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.

City-St-Zip:

SIGNATURE: SHERRY NASSOIY RΑ 04/19/2008