


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90350 035 ****61.25

DOCUMENT # N02907 1. Entity Name LINKSIDE VILLAS OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY. AMELIA ISLAND, FL 32034			Mailing Address C/O AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY. AMELIA ISLAND, FL 32034		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01122006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2508563	
				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	
AMELIA ISLAND MANAGEMENT DAVID GREGORY 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOEPPNER, ROBERT		NAME		
STREET ADDRESS	11 EQUESTRIAN LANE		STREET ADDRESS		
CITY-ST-ZIP	BLUE BELL, PA 19422		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURRIE, JANICE		NAME		
STREET ADDRESS	12 TOBEY WOODS		STREET ADDRESS		
CITY-ST-ZIP	PITTSFORD, NY 145341824		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLUESTEIN, DAVID		NAME		
STREET ADDRESS	P.O. BOX 513		STREET ADDRESS		
CITY-ST-ZIP	DARIEN, GA 31305		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERMER, JOHN		NAME		
STREET ADDRESS	26154 WILLOWBEND ROAD		STREET ADDRESS		
CITY-ST-ZIP	PERRYSBURG, OH 43551		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>D → Blt</i>			3/13/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		