## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02907

FILED Jan 25, 2009 Secretary of State

Entity Name: LINKSIDE VILLAS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY. AMELIA ISLAND, FL 32034 **New Mailing Address: Current Mailing Address:** C/O AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY. AMELIA ISLAND, FL 32034 FEI Number: 59-2508563 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: HEALAN, JACK B JR MUIR, ROBERT C III 3000 FIRST COAST HIGHWAY AMELIA ISLAND MANAGEMENT AMELIA ISLAND, FL 32034 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034 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: ROBERT C. MUIR, III 01/25/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HOEPPNER, ROBERT Name: Name: 11 EQUESTRIAN LANE Address: Address: City-St-Zip: BLUE BELL, PA 19422 City-St-Zip: Title: VD ( ) Delete Title: () Change () Addition CURRIE, JANICE Name: Name: Address: 12 TOBEY WOODS Address: City-St-Zip: PITTSFORD, NY 145341824 City-St-Zip: Title: () Delete Title: STD (X) Change ( ) Addition BLUESTEIN, DAVID BLUESTEIN, DAVID Name: Name: Address: P.O. BOX 513 Address: P.O. BOX 513 City-St-Zip: DARIEN, GA 31305 City-St-Zip: DARIEN, GA 31305 Title: STD ( ) Delete Title: (X) Change ( ) Addition Name: BLUESTEIN, DAVID Name: DETARNOWSKY, GEORGE POST OFFICE BOX 513 2215 BOXWOOD LANE Address: Address: City-St-Zip: DARIEN, GA 31305 City-St-Zip: FERNANDINA BEACH, FL 32034 Title: (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT HOEPPNER P 01/25/2009

DE TARNOWSKY, GEORGE

FERNANDINA BEACH, FL 32034

2215 BOXWOOD LANE

Name:

Address:

City-St-Zip: