

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02907

FILED
Apr 04, 2011
Secretary of State

Entity Name: LINKSIDE VILLAS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMELIA ISLAND MANAGEMENT, INC.
3000 FIRST COAST HWY.
AMELIA ISLAND, FL 32034

New Principal Place of Business:

5440 FIRST COAST HWY.
AMELIA ISLAND, FL 32034

Current Mailing Address:

C/O AMELIA ISLAND MANAGEMENT, INC.
3000 FIRST COAST HWY.
AMELIA ISLAND, FL 32034

New Mailing Address:

C/O AMELIA ISLAND MANAGEMENT
PO BOX 3000
AMELIA ISLAND, FL 32035

FEI Number: 59-2508563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUIR, ROBERT C III
AMELIA ISLAND MANAGEMENT, INC.
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034 US

Name and Address of New Registered Agent:

MUIR, ROBERT C III
5440 FIRST COAST HWY.
AMELIA ISLAND, FL 32035 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:

04/04/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HOEPPNER, ROBERT
Address: PO BOX 3000
City-St-Zip: AMELIA ISLAND, FL 32035

Title: VD
Name: DETARNOWSKY, GEORGE
Address: PO BOX 3000
City-St-Zip: AMELIA ISLAND, FL 32035

Title: STD
Name: BLUESTEIN, DAVID
Address: PO BOX 3000
City-St-Zip: AMELIA ISLAND, FL 32035

Title: D
Name: MERMER, JOHN
Address: PO BOX 3000
City-St-Zip: AMELIA ISLAND, FL 32035

I hereby 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 all other like empowered.

SIGNATURE: ROBERT HOEPPNER

PD

04/04/2011

Electronic Signature of Signing Officer or Director

Date