

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003546

FILED  
Apr 25, 2009  
Secretary of State

**Entity Name:** LINKSIDE AT WILD HERON CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1110 PROSPECT PROMENADE  
WILD HERON ASSN OFFICE  
PANAMA CITY BEACH, FL 32413 US

**New Principal Place of Business:**

**Current Mailing Address:**

1110 PROSPECT PROMENADE  
WILD HERON ASSN OFFICE  
PANAMA CITY BEACH, FL 32413 US

**New Mailing Address:**

**FEI Number:** 20-2688284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GORMLEY, TERRY P  
215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: FERRIS, BECKY  
Address: 1505 TIN CUP CT #101  
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

Title: SD ( ) Delete  
Name: HASBROUCK, KATHY  
Address: 1501 TIN CUP CT #101  
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

Title: D ( ) Delete  
Name: CORBIN, MACK  
Address: 1513 TIN CUP CT #201  
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: KATHY HASBROUCK

S

04/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date