

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000008011

1. Entity Name  
THE LINKS AT PALM COVE CONDOMINIUM  
ASSOCIATION, INC.



FILED

08 AUG 11 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2371 SW CARRIAGE HILL TERRACE  
PALM CITY, FL 34990

Mailing Address  
PO BOX 72  
HOBE SOUND, FL 33475

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07192008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
20-0834830

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEFFREY R. MARGOLIS, P.A.  
C/O DUANE MORRIS LLP  
200 SOUTH BISCAYNE BLVD., SUITE 3400  
MIAMI, FL 33131

Name Coastal Community Association Manager  
Street Address (P.O. Box Number is Not Acceptable)  
955 SE 7th Hwy #202  
City STUART FL Zip Code 34994

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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 ☐ Delete  
NAME BORINI, MARIANNE  
STREET ADDRESS 2371 SW CARRIAGE HILL TERR #201  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE ☐ Change ☒ Addition  
NAME Bill Urbanski  
STREET ADDRESS 2371 SW Carriage Hill Terr. 102  
CITY-ST-ZIP Palm City FL 34990

TITLE TD ☐ Delete  
NAME MCMILLAN, DOUG  
STREET ADDRESS 2371 SW CARRIAGE HILL TERR #101  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE ☐ Change ☐ Addition  
NAME 200134457633  
STREET ADDRESS 08/14/08--01007--024  
CITY-ST-ZIP \*\*61.25

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #