

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008011

FILED
Mar 01, 2009
Secretary of State

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

Current Principal Place of Business:

2371 SW CARRIAGE HILL TERRACE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

PO BOX 72
HOBE SOUND, FL 33475

New Mailing Address:

955 SE FEDERAL HIGHWAY
SUITE 202
STUART, FL 34994

FEI Number: 20-0834830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COASTAL COMMUNITY ASSOCIATION MANAGEMENT S
955 SE FED HWY, #202
PALM CITY, FL 34990 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: PD () Delete
Name: BORINI, MARIANNE
Address: 2371 SW CARRIAGE HILL TERR #201
City-St-Zip: PALM CITY, FL 34990

Title: TD () Delete
Name: MCMILLAN, DOUG
Address: 2371 SW CARRIAGE HILL TERR #101
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: URBANSKI, BILL
Address: 2371 SW CARRIGE HILL TERR., #102
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: URBANSKI, WILLIAM
Address: 2371 SW CARRIAGE HILL TERR #102
City-St-Zip: PALM CITY, FL 34990

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

Title: SD (X) Change () Addition
Name: URBANSKI, APRIL
Address: 2371 SW CARRIGE HILL TERR., #102
City-St-Zip: PALM CITY, FL 34990

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: DOUG MCMILLAN

TD

03/01/2009

Electronic Signature of Signing Officer or Director

Date