


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90017 046 ****61.25

DOCUMENT # N03000008238	
1. Entity Name LINDFIELDS RESERVE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 3251 SUNRISE WALK KISSIMMEE, FL 34747	Mailing Address 3251 SUNRISE WALK KISSIMMEE, FL 34747
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



04082008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent STYLES, JEAN E 3251 SUNRISE WALK KISSIMMEE, FL 34747	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	1705 NORTH GOODMAN ROAD
City	KISSIMMEE FL
Zip Code	34747

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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	STYLES, JEAN E
STREET ADDRESS	LINFIELDS RESERVE 7700 STYLES BOULEVARD
CITY-ST-ZIP	KISSIMMEE, FL 34747
TITLE	VD <input type="checkbox"/> Delete
NAME	GRAHM, LARAIN E
STREET ADDRESS	3251 SUNRISE WALK
CITY-ST-ZIP	KISSIMMEE, FL 34747
TITLE	STD <input type="checkbox"/> Delete
NAME	MORRIS, MAY
STREET ADDRESS	604 COURTLAND STREET, SUITE 146
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1705 NORTH GOODMAN ROAD
CITY-ST-ZIP	KISSIMMEE, FL 34747
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jean E Styles 4-23-08 407-390-9549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #