2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State
05-02-2005 90471 010 ****61.25

66020688

DOCUMENT # N04000000877

1. Entity Name
LINKS EDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1315 SAXONY CIRCLE PUNTA GORDA, FL 33983	1315 SAXONY CIRCLE PUNTA GORDA, FL 33983

2. Principal Place of Business	3. Mailing Address
Progressive Community Mgmt, Inc	Progressive Community Mgmt, Inc
Suite, Apt. #, etc.: 1801 Glengary Street	Suite, Apt. #, etc.: 1801 Glengary Street
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34231 Country: USA	Zip: 34231 Country: USA

03302005 Chg-NP CR2E037 (10/03)

4. FEI Number: 20-0875734 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUNDERSON, MIKO P
18401 MURDOCK CIRCLE
PT CHARLOTTE, FL 33948-1088

7. Name and Address of New Registered Agent

Name: Progressive Community Management, Inc
Street Address (P.O. Box Number is Not Acceptable): 1801 Glengary Street
City: Sarasota FL Zip Code: 34231

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: Jim Markel 4/28/05
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, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD WISE, JOHN 175 PORTLAND ST BOSTON, MA 02114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAUDENSLAGER, THOMAS 1295 SAXONY CIRCLE, #2201 PUNTA GORDA, FL 33983	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SCARBOROUGH, JEAN 175 PORTLAND ST BOSTON, MA 02114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MANN, WILLIAM 1255 SAXONY CIRCLE, #4201 PUNTA GORDA, FL 33983	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTARONE, DONNA 18401 MURDOCK CIR PT CHARLOTTE, FL 33948	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PERLEY, LEON 1255 SAXONY CIRCLE, #4101 PUNTA GORDA, FL 33983	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAEFLINGER, EMIL 1275 SAXONY CIRCLE, #3205 PUNTA GORDA, FL 33983	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jim Markel 4/28/05 941-921-5383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #