

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90011 002 ****61.25

DOCUMENT # N04000000877			
1. Entity Name LINKS EDGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business PROGRESSIVE COMMUNITY MGMT, INC. 1801 GLENGARY STREET SARASOTA, FL 34231		Mailing Address PROGRESSIVE COMMUNITY MGMT, INC. 1801 GLENGARY STREET SARASOTA, FL 34231	
2. Principal Place of Business - No P.O. Box # 1235 Saxony Cir Suite, Apt. #, etc.		3. Mailing Address 6025 Taylor Rd Suite, Apt. #, etc. #2	
City & State Punta Gorda, FL		City & State Punta Gorda, FL	
Zip 33983		Zip 33950	
Country USA		Country USA	
6. Name and Address of Current Registered Agent PROGRESSIVE COMMUNITY MGMT, INC. 1810 GLENGARY STREET SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Star Hospitality Mgt Street Address (P.O. Box Number is Not Acceptable) 6025 Taylor Rd #2 City Punta Gorda FL Zip Code 33950	
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 <u>Sherry Danko</u> 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, 2007		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WINKLER, JOE 1255 SAXONY CIR #4102 PUNTA GORDA, FL 33983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANN, WILLIAM 1255 SAXONY CIRCLE, #4201 PUNTA GORDA, FL 33983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOODALL, PATRICIA 1235 SAXONY CIR #5206 PUNTA GORDA, FL 33983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAEFLINGER, EMIL 1275 SAXONY CIRCLE #3205 PUNTA GORDA, FL 33983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bud Perley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1255 Saxony Cir # 4101 Punta Gorda, FL. 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>John P. White</u>		3-22-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	