

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


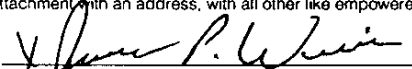
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01092008 Chq-NP CR2E037 (12/06)

4. FEI Number 20-0875734	Applied For
	Not Applicable

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

DOCUMENT # N04000000877				01-14-2008 90099 035 *****61.25	
1. Entity Name LINKS EDGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1235 SAXONY CIRCLE PUNTA GORDA, FL 33983		Mailing Address 6025 TAYLOR RD. 2 PUNTA GORDA, FL 33950			
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	4. FEI Number 20-0875734	
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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.		STAR HOSPITALITY MGMT. 6025 TAYLOR RD A PUNTA GORDA, FL 33950		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
SIGNATURE _____		(NOTE: Registered Agent signature required when reinstating)			
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	
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	PD MANN, WILLIAM 1255 SAXONY CIRCLE, #4201 PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete			
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	TD HAEFLINGER, EMIL 1275 SAXONY CIRCLE #3205 PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERLEY, BUD 1255 SAXONY CIR., 4101 PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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:  1-10-08			