


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000001917		
1. Entity Name GREENLINKS III CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 7990 MAHOGANY RUN LANE NAPLES, FL 34113	Mailing Address P.O. BOX 380758 MURDOCK, FL 33938
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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

09242008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2262824	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WISHARD, KRISTINE 1532 RIO DE JANEIRO AVE PUNTA GORDA, FL 33983	

7. Name and Address of New Registered Agent	
Name <u>BENSON'S KT</u>	
Street Address (P.O. Box Number is Not Acceptable)	
<u>3050 N. HORSESHOE DRIVE, SUITE 275</u>	
City <u>NAPLES</u>	FL <u>34104</u>

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>Denise Wills</u>	<u>DENISE WILLS, AGENT</u>	<u>9-25-08</u>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE

Amended AR is \$61.25	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TEMPLE, MICHAEL 3425 PINECREST ROAD INDIANAPOLIS, IN 46234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>900137165859</u> <u>10/22/08--01025--003 **\$1.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LENHART, MARK 14978 DUFFERIN COURT SAVAGE, MN 55378 <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	VPD BEAL, DAVID 2155 MACON COURT WESTLAKE, OH 44145 <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	<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	<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	<input 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>Denise Wills</u>	<u>DENISE WILLS, AGENT</u>	<u>9-25-08</u>	<u>239-263-1577</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
08 OCT 22 PM 12:41
CLERK OF STATE
TALLAHASSEE, FLORIDA



OCT 01 2008