

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004736

FILED
Jan 05, 2006
Secretary of State

Entity Name: THE LINK OF CORAL RIDGE CONDOMINIUM ASSOCIATION, INC,

Current Principal Place of Business:

4415 NW 21ST AVENUE
FT LAUDERDALE, FL 33308

New Principal Place of Business:

4419 NW 21ST AVENUE
FT LAUDERDALE, FL 33308

Current Mailing Address:

P O BOX 11514
FT LAUDERDALE, FL 33339

New Mailing Address:

FEI Number: 47-0943308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, DENNIS S ESQ
2295 CORPORATE BLVD NW SUITE 120
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

BIELEJESKI, JOHN J JR
4367 FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308 US

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.

SIGNATURE: JOHN BIELEJESKI JR

01/05/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REWI, LORI
Address: 4415 NW 21ST AVENUE
City-St-Zip: FT LAUDERDALE, FL 33308

Title: SD () Delete
Name: MILLS, LINDA
Address: 4411 NW 21ST AVENUE
City-St-Zip: FT LAUDERDALE, FL 33308

Title: TD () Delete
Name: MANN, MICHAEL
Address: 4419 NW 21ST AVENUE
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MANN, MICHAEL
Address: 4419 NW 21ST AVENUE
City-St-Zip: FT LAUDERDALE, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MANN

PD

01/05/2006

Electronic Signature of Signing Officer or Director

Date