


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000009408 1. Entity Name GREENLINKS IV CONDOMINIUM ASSOCIATION, INC.						FILED 06 APR -5 PM 2:00 FLORIDA STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 942 N. COLLIER BLVD. MARCO ISLAND, FL 34145				Mailing Address 942 N. COLLIER BLVD. MARCO ISLAND, FL 34145			
2. Principal Place of Business		3. Mailing Address		4. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Name and Address of Current Registered Agent BOFF, JOSEPH D 942 N. COLLIER BLVD. MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent Name Kristine Wishard Street Address (P.O. Box Number is Not Acceptable) 23081 Harborview Rd City Port Charlotte FL Zip Code 33980	
City & State		City & State		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 Kristine Wishard <small>Signature, typed or printed name of registered agent and title if applicable</small>	
Zip		Country		9. 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 Kristine Wishard <small>Signature, typed or printed name of registered agent and title if applicable</small>	
Zip		Country		10. FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State	
City & State		City & State		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		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.	
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