


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N04000009408</b> 1. Entity Name <b>GREENLINKS IV CONDOMINIUM ASSOCIATION, INC.</b>						<b>FILED</b> <b>08 OCT 29 AM 11:05</b> CLERK OF THE CIRCUIT COURT TALLAHASSEE, FLORIDA	
Principal Place of Business <b>7990 MAHOGANY RUN LANE NAPLES, FL 34113</b>				Mailing Address <b>P.O. BOX 380758 MURDOCK, FL 33938</b>			
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 <b>20-2262879</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>WISHARD, KRISTINE 1532 RIO DE JANEIRO AVENUE PUNTA GORDA, FL 33983</b>				Name <b>BENSON'S KT</b> Street Address (P.O. Box Number is Not Acceptable) <b>3050 N. HORSESHOE DRIVE, SUITE 275</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34104</b>			
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><i>Denise Wills</i></u> <b>DENISE WILLS, AGENT</b> <b>9-25-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BARRON, ANDY 8430 230TH STREET, E. LAKEVILLE, MN 55044</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900137433249</b> <b>10/29/08--01034--016 **61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BARRON, SHERRIE 8430 230TH STREET E. LAKEVILLE, MN 55044</b> <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	<b>STD JANIS, CAROL 1154 EAST WILSON AVE LOMBARD, IL 60148</b> <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><i>Denise Wills</i></u> <b>DENISE WILLS, AGENT</b> <b>9-25-08</b> <b>239-263-1577</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							