

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009408

FILED
Apr 14, 2009
Secretary of State

Entity Name: GREENLINKS IV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7990 MAHOGANY RUN LANE
NAPLES, FL 34113

New Principal Place of Business:

7990 MAHOGANY RUN LANE
NAPLES, FL 34104

Current Mailing Address:

P.O. BOX 380758
MURDOCK, FL 33938

New Mailing Address:

3050 N HORSESHOE DR
#275
NAPLES, FL 34104

FEI Number: 20-2262879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENSON'S KT
3050 N. HORSESHOE DRIVE
SUITE 275
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

VANDALL, BONITA D
3050 N. HORSESHOE DRIVE
SUITE 275
NAPLES, FL 34104 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: BONITA VANDALL

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARRON, ANDY
Address: 8430 230TH STREET, E.
City-St-Zip: LAKEVILLE, MN 55044

Title: VP () Delete
Name: BARRON, SHERRIE
Address: 8430 230TH STREET E.
City-St-Zip: LAKEVILLE, MN 55044

Title: STD () Delete
Name: JANIS, CAROL
Address: 1154 EAST WILSON AVE
City-St-Zip: LOMBARD, IL 60148

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: GUZZI, JIM
Address: 7940 MAHOGANY RUN LANE #614
City-St-Zip: NAPLES, FL 34104

Title: DP (X) Change () Addition
Name: BARRON, SHERRIE
Address: 8430 230TH STREET E.
City-St-Zip: LAKEVILLE, MN 55044

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

Title: D () Change (X) Addition
Name: LENHART, MARK
Address: 7955 MAHOGANY RUN LANE #515
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify 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: SHERRIE BARRON

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date