

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04233 (5)
1. Corporation Name
LINKSIDE VILLAGE CONDOMINIUM II ASSOCIATION, INC



Principal Place of Business: **10730 U.S. HIGHWAY 19 SUITE 17 PORT RICHEY FL 34668**
Mailing Address: **10730 U.S. HIGHWAY 19 SUITE 17 PORT RICHEY FL 34668**

3. Date Incorporated or Qualified: **07/16/1984**
3a. Date of Last Report: **04/12/1995**
4. FEI Number: **59-2498974**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **27**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**QUALIFIED PROPERTY MANAGEMENT, INC.
10730 U.S. HIGHWAY 19
SUITE 17
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: PETERSEN, GLORIA STREET ADDRESS: 10929 LINKSIDE DR CITY-ST-ZIP: PORT RICHEY FL	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE: TD NAME: SCREEN, SHIRLEY STREET ADDRESS: 10939 LINKSIDE DR CITY-ST-ZIP: PORT RICHEY FL	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE: VD NAME: GOODING, BERNICE STREET ADDRESS: 8428 PEBBLE DR CITY-ST-ZIP: PORT RICHEY FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: SD 3.2 NAME: Boughton, Joan 3.3 STREET ADDRESS: 10929 Sandtrap Drive 3.4 CITY-ST-ZIP: Port Richey, FL
TITLE: SD NAME: SLAYTON, DORIS STREET ADDRESS: 11004 SANDTRAP DR CITY-ST-ZIP: PORT RICHEY FL	<input type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE: D NAME: PONTLITZ, MARTHA STREET ADDRESS: 11020 LINKSIDE DR. CITY-ST-ZIP: PORT RICHEY FL	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SHIRLEY H. SCREEN *Shirley H. Screen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96
Date of Filing
E-mail: _____
Telephone: _____

CR2E037 (12/95)