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Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

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 Mailing Address  
**10730 U.S. HIGHWAY 19 SUITE 17 PORT RICHEY FL 34668** **10730 U.S. HIGHWAY 19 SUITE 17 PORT RICHEY FL 34668-2883**

3. Date Incorporated or Qualified **07/16/1984** 3a. Date of Last Report **04/02/1996**

|    |                                |    |                     |    |   |                                       |
|----|--------------------------------|----|---------------------|----|---|---------------------------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number <b>59-2498974</b>  | Applied For                           |
| 22 | Suite, Apt. #, etc.            | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required |
| 23 | City & State                   | 28 | City & State        | 6. | Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees    |
| 24 | Zip                            | 29 | Zip                 | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |
| 25 | Country                        | 30 | Country             |    |   |                                       |

|  |  |  |  |  |  |           |    |
|--|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent  |  |  |  | 10. Name and Address of New Registered Agent |  |           |    |
| <b>QUALIFIED PROPERTY MANAGEMENT, INC.<br/>10730 U.S. HIGHWAY 19<br/>SUITE 17<br/>PORT RICHEY FL 34668</b> |  |  |  | 81   | Name   |           |    |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |           |    |
|  |  |  |  | 83   |  |           |    |
|  |  |  |  | 84   | City   | <b>FL</b> | 85 |

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 reinstalling) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>PD</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <b>P/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>PETERSEN, GLORIA -</b>                            | 1.2 NAME  | <b>Boughton, Harvey</b>   |
| STREET ADDRESS             | <b>10929 LINKSIDE DR -</b>                           | 1.3 STREET ADDRESS                                    | <b>10959 Sandtrap Drive</b>   |
| CITY-ST-ZIP                | <b>PORT RICHEY FL - -</b>                            | 1.4 CITY-ST-ZIP                                       | <b>Port Richey, FL</b>  |
| TITLE                      | <b>TD</b> <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | <b>SCREEN, SHIRLEY</b>                               | 2.2 NAME  |   |
| STREET ADDRESS             | <b>10939 LINKSIDE DR</b>                             | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PORT RICHEY FL</b>                                | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | <b>BOUGHTON, JOAN</b>                                | 3.2 NAME  |   |
| STREET ADDRESS             | <b>10929 SANDTRAP DR</b>                             | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PORT RICHEY FL</b>                                | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE             | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | <b>SLAYTON, DORIS</b>                                | 4.2 NAME  |   |
| STREET ADDRESS             | <b>11004 SANDTRAP DR</b>                             | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PORT RICHEY FL</b>                                | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>B</b> <input checked="" type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       | <b>PONTLITZ, MARTHA -</b>                            | 5.2 NAME  | <b>Dorton, Ladrué</b>   |
| STREET ADDRESS             | <b>11020 LINKSIDE DR -</b>                           | 5.3 STREET ADDRESS                                    | <b>10959 Sandtrap Dr.</b>   |
| CITY-ST-ZIP                | <b>PORT RICHEY FL -</b>                              | 5.4 CITY-ST-ZIP                                       | <b>Port Richey, FL</b>  |
| TITLE                      | <input type="checkbox"/> DELETE                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 N. Screen* 3/25/97

CP2E037 (9/96)