

FILE NOW: FILING FEE IS \$61.25

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**Apr 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 07/16/1984	4. FEI Number 59-2498974	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOUGHTON, HARVEY--	1.2 NAME	Olson, Alfred
STREET ADDRESS	10060 SANDTRAP DRIVE-	1.3 STREET ADDRESS	10928 Sandtrap Dr.
CITY-ST-ZIP	PORT RICHEY FL---	1.4 CITY-ST-ZIP	Port Richey, FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, SHIRLEY-	2.2 NAME	Cardinal, John Louis
STREET ADDRESS	10030 LINKSIDE DR---	2.3 STREET ADDRESS	8420 Pebble Dr.
CITY-ST-ZIP	PORT RICHEY FL--	2.4 CITY-ST-ZIP	Port Richey, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOUGHTON, JOAN-	3.2 NAME	Rose, Roberta
STREET ADDRESS	10029 SANDTRAP DR-	3.3 STREET ADDRESS	11017 Linkside Drive
CITY-ST-ZIP	PORT RICHEY FL--	3.4 CITY-ST-ZIP	Port Richey, FL
TITLE	D- <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLAYTON, DORIS----	4.2 NAME	Patton, Iris
STREET ADDRESS	11004 SANDTRAP DR	4.3 STREET ADDRESS	11015 Linkside Drive
CITY-ST-ZIP	PORT RICHEY FL--	4.4 CITY-ST-ZIP	Port Richey, FL
TITLE	VD- <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORTON, LADRIE	5.2 NAME	Migas, Genevieve
STREET ADDRESS	10060 SANDTRAP DR.	5.3 STREET ADDRESS	10951 Sandtrap Drive
CITY-ST-ZIP	PORT RICHEY FL--	5.4 CITY-ST-ZIP	Port Richey, FL
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 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: *[Signature]* **3/28/98** **813) 869-9700**

CR2E037 (10/97)