


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90087 017 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N04233**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	07/16/1984	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-2498974	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/>	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

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	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>PD</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>BOUGHTON, HARVEY</del>	1.2 NAME	Olson, Alfred
STREET ADDRESS	<del>10950 SANDTRAP DRIVE</del>	1.3 STREET ADDRESS	10928 Sandtrap Drive
CITY-ST-ZIP	<del>PORT RICHEY FL --</del>	1.4 CITY-ST-ZIP	Port Richey, FL
TITLE	<del>TD</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SCREEN, SHIRLEY</del>	2.2 NAME	Cardinal, Lou
STREET ADDRESS	<del>10930 LINKSIDE DR --</del>	2.3 STREET ADDRESS	8420 Pebble Drive
CITY-ST-ZIP	<del>PORT RICHEY FL --</del>	2.4 CITY-ST-ZIP	Port Richey, FL
TITLE	<del>SD</del> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>BOUGHTON, JOAN --</del>	3.2 NAME	Rose, Roberta
STREET ADDRESS	<del>10929 SANDTRAP DR --</del>	3.3 STREET ADDRESS	11017 Linkside Drive
CITY-ST-ZIP	<del>PORT RICHEY FL --</del>	3.4 CITY-ST-ZIP	Port Richey, FL
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SLAYTON, DORIS</del>	4.2 NAME	Patton, Iris
STREET ADDRESS	<del>11004 SANDTRAP DR</del>	4.3 STREET ADDRESS	11015 Linkside Drive
CITY-ST-ZIP	<del>PORT RICHEY FL --</del>	4.4 CITY-ST-ZIP	Port Richey, FL
TITLE	<del>VD</del> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>DORTON, LADRUE --</del>	5.2 NAME	Migas, Genevieve
STREET ADDRESS	<del>10950 SANDTRAP DR --</del>	5.3 STREET ADDRESS	10951 Sandtrap drive
CITY-ST-ZIP	<del>PORT RICHEY FL</del>	5.4 CITY-ST-ZIP	Port Richey, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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, with all other like empowered.

SIGNATURE: RESIGNATION REQUIRED 3/18/99 727 862 6633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (11/98)