

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90033 047 ****61.25

DOCUMENT # N04233

1. Entity 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 34668-2863

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2498974

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUALIFIED PROPERTY MANAGEMENT, INC.
 10730 U.S. HIGHWAY 19
 SUITE 17
 PORT RICHEY FL 34668

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OLSON, ALFRED	
STREET ADDRESS	10828 SANDTRAP DR	
CITY-ST-ZIP	PORT RICHEY FL ---	
TITLE	VB -	<input checked="" type="checkbox"/> Delete
NAME	CARDINAL, LOU -	
STREET ADDRESS	8420 PEBBLE DR -	
CITY-ST-ZIP	PORT RICHEY FL -	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PATTON, IRIS	
STREET ADDRESS	11015 LINKSIDE DR	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROSE, ROBERTA ---	
STREET ADDRESS	11017 LINKSIDE DR	
CITY-ST-ZIP	PORT RICHEY FL ---	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIGAS, GENEVIEVE -	
STREET ADDRESS	10951 SANDTRAP DR -	
CITY-ST-ZIP	PORT RICHEY FL ---	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Petersen, Gloria	
STREET ADDRESS	10929 Linkside Drive	
CITY-ST-ZIP	Port Richey, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pontlitz, Martha	
STREET ADDRESS	11020 Linkside Drive	
CITY-ST-ZIP	Port Richey, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Koestner, Joseph	
STREET ADDRESS	10910 Linkside Drive	
CITY-ST-ZIP	Port Richey, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Screen, Shirley	
STREET ADDRESS	10939 Linkside Drive	
CITY-ST-ZIP	Port Richey, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSEPH E. KOESTNER 3/24/00 863-9366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RECEIVED MAR 23 2000



DO NOT WRITE IN THIS SPACE