


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90272 014 ****61.25

DOCUMENT # N04233			
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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	
		FL	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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, GLORIA	NAME	
STREET ADDRESS	10929 LINKSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	CITY-ST-ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PONTLITZ, MARTHA	NAME	Screen, Shirley
STREET ADDRESS	11020 LINKSIDE DRIVE -	STREET ADDRESS	10939 Linkside Drive
CITY-ST-ZIP	PORT RICHEY FL 34668	CITY-ST-ZIP	Port Richey, FL
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUTTLE, GENEVIEVE	NAME	
STREET ADDRESS	11002 LINKSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGER, HELGA	NAME	Smith, Janet
STREET ADDRESS	8430 PEBBLE DRIVE	STREET ADDRESS	10939 Sandtrap Drive
CITY-ST-ZIP	PORT RICHEY FL	CITY-ST-ZIP	Port Richey, FL
TITLE	B	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSEN, SVERRE	NAME	SD
STREET ADDRESS	10929 LINKSIDE DR.	STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Gloria Peterson</i>		4/07/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	