


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90043 029 \*\*\*\*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

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country



1st MOORE CR2E037 (10/04)  
 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  
**QUALIFIED PROPERTY MANAGEMENT, INC.**  
 10730 U.S. HIGHWAY 19 SUITE 17 PORT RICHEY FL 34668

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSON, GLORIA 10929 LINKSIDE DRIVE PORT RICHEY FL 34668 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D SCREEN, SHARLEY 10929 LINKSIDE DRIVE PORT RICHEY FL 34668</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TD TUTTLE, GENEVIEVE 11002 LINKSIDE DRIVE PORT RICHEY FL</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JANET 10939 SANDTRAP DRIVE PORT RICHEY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD PETERSEN, SVERRE 10929 LINKSIDE DR- PORT RICHEY FL</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D Miller, James 10949 Sandtrap Dr Port Richey, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T/D D'Amico, Robert 10921 Sandtrap Dr Port Richey, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D SMITH, JANET 10939 SANDTRAP DRIVE PORT RICHEY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S/D Olson, Donna 10928 Sandtrap Dr Port Richey, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Gloria Peterson* **3/30/05**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #