


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90239 002 ****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		4. FEI Number 59-2498974	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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		
			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>					
Filing Fee is \$61.25 Due by May 1, 2006		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	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, GLORIA		NAME	Petersen, Gloria	
STREET ADDRESS	10929 LINKSIDE DRIVE		STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	Port Richey, FL	
TITLE	B	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, JAMES		NAME	Holstrom, Madeline	
STREET ADDRESS	10649 SANDTRAP DR		STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	Port Richey, FL	
TITLE	T/D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AMICO, ROBERT		NAME	D'Amico, Robert	
STREET ADDRESS	10921 SANDTRAP DR		STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	PORT RICHEY, FL		CITY-ST-ZIP	Port Richey, FL	
TITLE	B	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JANET		NAME	Smith, Janet	
STREET ADDRESS	10939 SANDTRAP DRIVE		STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	PORT RICHEY, FL		CITY-ST-ZIP	Port Richey, FL	
TITLE	S/D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, DONNA		NAME	Olson, Donna	
STREET ADDRESS	10928 SANDTRAP DR		STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	PORT RICHEY, FL		CITY-ST-ZIP	Port Richey, FL	
TITLE		<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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>Janet Smith</i>		Date: 3-23-06		Daytime Phone #: 727/862-3952	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ JANET SMITH					