

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04233

FILED
Mar 25, 2008
Secretary of State

Entity Name: LINKSIDE VILLAGE CONDOMINIUM II ASSOCIATION, INC.

Current Principal Place of Business:

5901 U.S. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5901 U.S. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-2498974 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
5901 U.S. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, JAN
Address: 5901 U.S. 19
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TD () Delete
Name: D'AMICO, ROBERT
Address: 5901 U.S. 19
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SD () Delete
Name: OLSON, DONNA
Address: 5901 U.S. 19
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D () Delete
Name: PETERSEN, GLORIA
Address: 5901 U.S. 19
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D () Delete
Name: HOLSTRUM, MADELINE
Address: 5901 U.S. 19
City-St-Zip: NEW PORT RICHEY, FL 34652 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GAGNER, LOUIS
Address: 5901 U.S. 19
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D (X) Change () Addition
Name: SHOEMAKER, HAROLD
Address: 5901 U.S. 19
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY WHITE

CEO

03/25/2008

Electronic Signature of Signing Officer or Director

_____ Date