

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04233

FILED  
Mar 16, 2009  
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: GAGNER, LOUIS  
Address: 5901 U.S. 19  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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

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

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

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

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

AGEN

03/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date