

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04233

FILED  
Mar 03, 2010  
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: SD  
Name: YORK, BARBARA  
Address: 5901 U.S. 19  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY A WHITE

CEO

03/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date