

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90072 001 ****61.25

DOCUMENT # N07825

1. Entity Name
**THE LINKS AT DEEP CREEK CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**26636 NADIR RD
PUNTA GORDA, FL 33983 US**

Mailing Address
**100 SULLIVAN ST
112
PUNTA GORDA, FL 33950 US**

40038000



03112007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0062061

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREENE, JOAN F
100 SULLIVAN ST
112
PUNTA GORDA, FL 33950**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BIXBY, JIM
87 LASO ST
EAST GREENWICH, RI 02818**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GRENIER, ALLEN
9 FAY MOUNTAIN RD
GRAFTON, MA 01519**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLOOD, VERNON
26636 NADIR RD
PUNTA GORDA, FL 33983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HENDRIX, NEAL
207 OAK CREST DR
GUNTERSVILLE, AL 25976**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James O Bixby **JAMES O. BIXBY** 3/12/07 40-263 9011