

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25286

FILED
Jan 24, 2008
Secretary of State

Entity Name: THE LINKS AT PALM-AIRE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

7312 LINKS CT.
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1344
TALLEVAST, FL 342701344 US

New Mailing Address:

FEI Number: 65-0039227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSEN, BEATRICE
7312 LINKS CT.
SARASOTA, FL 34243 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: HANSEN, BEATRICE
Address: 7312 LINKS CT.
City-St-Zip: SARASOTA, FL 34243

Title: VD () Delete
Name: JOSEPH, SANFORD
Address: 7324 LINKS CT.
City-St-Zip: SARASOTA, FL 34243

Title: TD () Delete
Name: GIAMPIETRO, GINO
Address: 7317 LINKS CT.
City-St-Zip: SARASOTA, FL 34243

Title: SD () Delete
Name: CARROLL, JOHN
Address: 7608 LINKS CT.
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: SIEBOLD, WAYNE
Address: 7555 LINKS CT.
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: CHALAIRE, KELLY
Address: 7574 LINKS CT.
City-St-Zip: SARASOTA, FL 34243

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

Title: D (X) Change () Addition
Name: DAVIS, BILL
Address: 7408 LINKS CT.
City-St-Zip: SARASOTA, FL 34243

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: BEATRICE HANSEN

PD

01/24/2008

Electronic Signature of Signing Officer or Director

Date