

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90289 009 *****61.25

DOCUMENT # N25696 1. Entity Name LINTON LAKE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4400 W SAMPLE RD STE 200 COCONUT CREEK, FL 33073 US			Mailing Address 4400 W SAMPLE RD STE 200 COCONUT CREEK, FL 33073 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREENBERG, MICHAEL 4400 WEST SAMPLE ROAD, STE 200 COCONUT CREEK, FL 33073				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOANISSE, PHILIPPE		NAME		
STREET ADDRESS	4400 W SAMPLE ROAD, STE 200		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		CITY-ST-ZIP		
TITLE	DVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLEMENT, GARY		NAME		
STREET ADDRESS	4400 W SAMPLE RD., STE 200		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL		CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete		TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODGERS, FRANK		NAME		
STREET ADDRESS	4400 W. SAMPLE RD., STE. 200		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	T. P. BEER	
STREET ADDRESS			STREET ADDRESS	4400 W SAMPLE RD. STE 200	
CITY-ST-ZIP			CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>FRANK RODGERS</u> FRANK RODGERS 4/29/04 954-973-4490 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					