

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 21, 2005  
Secretary of State**

DOCUMENT# N25696

Entity Name: LINTON LAKE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4400 W SAMPLE RD  
STE 200  
COCONUT CREEK, FL 33073 US

**New Principal Place of Business:**

**Current Mailing Address:**

4400 W SAMPLE RD  
STE 200  
COCONUT CREEK, FL 33073 US

**New Mailing Address:**

FEI Number: 65-0064953      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREENBERG, MICHAEL  
4400 WEST SAMPLE ROAD, STE 200  
COCONUT CREEK, FL 33073 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: DVP      ( ) Delete  
Name: CLEMENT, GARY,  
Address: 4400 W SAMPLE RD., STE 200  
City-St-Zip: COCONUT CREEK, FL

Title: STD      ( ) Delete  
Name: RODGERS, FRANK,  
Address: 4400 W. SAMPLE RD., STE. 200  
City-St-Zip: COCONUT CREEK, FL

Title: PD      ( ) Delete  
Name: BEER, T.R.  
Address: 4400 W. SAMPLE RD. STE 200  
City-St-Zip: POMPANO BEACH, FL 33072

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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 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: FRANK RODGERS

STD

04/21/2005

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

\_\_\_\_\_  
Date