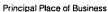
## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # N50000

1. Entity Name

LINKSIDE AT MEADOWBROOK CONDOMINIUM ASSOCIATION, INC.



21136 SW RAINTREE STREET DUNNELLON, FL 34431 US Mailing Address

21136 SW RAINTREE STREET DUNNELLON, FL 34431 US





08 JAN 1 1 AM 10: 44 89

SECRETARY OF STATE TALLAHASSEE, FLORIDA





01072008 No Chg-NP

CR2E037 (4/06)

			_	
4.	FEI Number			Applied For
	59-3168944			Not Applicable
5.	Certificate of Status Desired		5 Additional Required	

## 6. Name and Address of Current Registered Agent

LAVAC, SUZANNE J 21136 SW RAINTREE STREET DO NOT WRIT

	ON, FL 34431		IN THIS SPACE				
	named entity submits this statement for the lions of registered agent.	purpose of changing its registere	ed office or registered agent, or bo	th, in the State of Florida. I am famili	ar with, and accept		
SIGNATURE_		ALCOHOLIS MOTE Design	d A	DAYE			
	Signature, typed or printed name of registered agent and title	э паррысары <del>с. (NU15: Registerei</del>	d Agent signature required when reinstating)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finar     Trust Fund Contribution.	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRE	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, LOIS 3611 NW 104 DRIVE GAINESVILLE, FL 32606		01/2 01/2	1011587326 708-01022-003 **	61:25		
TITLE \$" NAME STREET ADDRESS CITY-ST-ZIP	VD HOSKINS, S. 3613 NW 104 DRIVE GAINESVILLE, FL 32606		はまた。 の は は は は は は は は は は は は は		And the second s		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAVAC, S.J. 21136 SW RAINTREE STREET DUNNELLON, FL 34431		Do	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THIS SPACE			
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling 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.

CITY- # CLIP TITI F NAME STREET ADDRESS CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR