

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

08 JAN 11 AM 10:44
JY
1-14-08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N50000

1. Entity Name
LINKSIDE AT MEADOWBROOK CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business
21136 SW RAIN TREE STREET
DUNNELLON, FL 34431 US

Mailing Address
21136 SW RAIN TREE STREET
DUNNELLON, FL 34431 US



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3168944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LAVAC, SUZANNE J
21136 SW RAIN TREE STREET
DUNNELLON, FL 34431

**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, 2008**

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	PD ADAMS, LOIS 3611 NW 104 DRIVE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOSKINS, S. 3613 NW 104 DRIVE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAVAC, S.J. 21136 SW RAIN TREE STREET DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**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: S.J. Lavac S.J. LAVAC, Secretary 1/8/2008 352-1620-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #