

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 22, 2009  
Secretary of State**

DOCUMENT# N50000

**Entity Name:** LINKSIDE AT MEADOWBROOK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

21136 SW RAINTREE STREET  
DUNNELLON, FL 34431 US

**New Principal Place of Business:**

**Current Mailing Address:**

21136 SW RAINTREE STREET  
DUNNELLON, FL 34431 US

**New Mailing Address:**

FEI Number: 59-3168944      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LAVAC, SUZANNE J  
21136 SW RAINTREE STREET  
DUNNELLON, FL 34431 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: ADAMS, LOIS  
Address: 3611 NW 104 DRIVE  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: VD ( ) Delete  
Name: HOSKINS, S.  
Address: 3613 NW 104 DRIVE  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: STD ( ) Delete  
Name: LAVAC, S.J.  
Address: 21136 SW RAINTREE STREET  
City-St-Zip: DUNNELLON, FL 34431 US

**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 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: SUZANNE JO LAVAC

STD

01/22/2009

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

\_\_\_\_\_  
Date