


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000001842 1. Entity Name LINTON PARK ASSOCIATION, INC.	
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Principal Place of Business 4800 LINTON BLVD BUILDING A DELRAY BEACH, FL 33445	Mailing Address 4800 LINTON BLVD BUILDING A DELRAY BEACH, FL 33445
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DO NOT WRITE IN THIS SPACE



02202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0542397	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 BUCHALTER, SHARON PH.D 4800 LINTON BLVD BUILDING A DELRAY BEACH, FL 33445	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCHALTER, SHARON F 4800 LINTON BLVD, BLDG. A, 202 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-PD KEIPPER, WA1RREN 4800 LINTON BLVD, BLDG. C DELRAY BEACH, FL 33445
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04/03/07-80072-020 61.25

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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:  **8/13/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #