

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90046 015 ****61.25

DOCUMENT # N95000005955

1. Entity Name
THE LINKS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**4305 CULBREATH ROAD
VALRICO, FL 33594**

Mailing Address
**P.O. BOX 6235
BRANDON, FL 33508**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3569053

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TANKEL, P.A., ROBERT
1022 MAIN STREET
SUITE D
DUNEDIN, FL 34698**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
PHILLIPS-MACHIGE, DEBRA
4315 SWIFT CIRCLE
VALRICO, FL 33594** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
McKinnon, Donna
4503 Swift Circle
Valrico, FL 33594** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILKINS, MIKE
4323 SWIFT CIRCLE
VALRICO, FL 33594** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KING, PAUL
4417 SWIFT CIRCLE
VALRICO, FL 33594** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PEARSON, ROGER
2301 DELAMERE COURT
VALRICO, FL 33594** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WHITE, TOM
4312 SWIFT CIRCLE
VALRICO, FL 33594** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

Debra Fanning Phillips **DEBRA FANNING PHILLIPS** 813 657 9436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone