

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90041 049 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242007

Chg-NP

CR2E037 (12/06)

4. FEI Number

59-3569053

Applied For

Not Applicable

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, 2007**

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

TITLE D ☐ Change ☒ Addition
NAME Lunsford, Ron
STREET ADDRESS 4321 Swift Circle
CITY-ST-ZIP Valrico, FL 33594

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

TITLE D ☐ Change ☒ Addition
NAME Pifer, Greg
STREET ADDRESS 4321 Duncombe Dr.
CITY-ST-ZIP Valrico, FL 33594

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

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

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

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

TITLE D ☒ Delete
NAME MCKINNON, DONNA
STREET ADDRESS 4503 SWIFT CIRCLE
CITY-ST-ZIP VALRICO, FL 33594

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 F. Phillips Debra F. Phillips, Pres. LGA

813-657-9436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #