

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90042 015 \*\*\*\*61.25

**DOCUMENT # N96000004233**

1. Entity Name

LINAM CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

115 CANAL AVENUE SO  
UNIT 2  
INDIAN ROCKS BEACH FL 33785  
US

Mailing Address

C/O BARRY SCHUBERT  
115 CANAL AVE SO #2  
INDIAN ROCKS BEACH FL 33785  
US



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

4. FEI Number

59-3416268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

SCHUBERT, SHARON  
115 CANAL AVE #2  
INDIAN ROCKS BEACH FL 33785

7. Name and Address of New Registered Agent

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

**FILE NOW: 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

TITLE	ST	<input type="checkbox"/> Delete
NAME	HARPER, ROBERT	
STREET ADDRESS	115 CANAL AVE. SO. STE 3	
CITY ST ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SCHUBERT, SHARON	
STREET ADDRESS	115 CANAL AVENUE #2	
CITY ST ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BARRY, KEVIN	
STREET ADDRESS	115 CANAL AVENUE #2	
CITY ST ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EFTINK, PATRICK Y	
STREET ADDRESS	115 CANAL AVENUE #1	
CITY ST ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIETER HUNTINGTON & DAVID MORGAN
STREET ADDRESS	115 CANAL AVENUE #1
CITY ST ZIP	INDIAN ROCKS BEACH FL 33785
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-7

7279466306

Date

Daytime Phone #