2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000001768

SARASOTA, FL 34231

CITY-ST-ZIP

1. Entity Name LINKSIDE I CONDOMINIUM AT SABAL TRACE ASSOCIATION, INC.



FILED

Apr 04, 2007 8:00 am Secretary of State

04-04-2007 90165 016 ****61.25

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1801 GLENG SARASOTA, F	E COMMUNI ARY STREET L 34231	TY MGMT. INC T US	PROG 1801 Sara	Address RESSIVE COMMUI GLENGARY STRE SOTA, FL 34231		MT. INC			- Adams			
		ness - No P.O. Box #	3. Maili	ing Address محمد المرغودية	1.00	Venic	cir			8 .	##	
Suite, Apt.	#, etc.	11 ByPASS S.	P. C	te, Apt. #, etc. P。 B ox - S				03132007	Chg-NP	CR2E0	37 (12/06)	
City & State	E, F.	•	VE	y & State	يسر	۲		4. FEI Numbe 65-085			_ 	plied For at Applicable
Zip 34292	2	Country USA	Zip 34 8	284		ontry 5 (7-			of Status Desired		\$8.75 Add Fee Require	
· · · · · · · · · · · · · · · · · · ·	6. Name	and Address of Current I	Registere	d Agent					Address of New		Agent	
PROGRES	SIVE CO	MMUNITY MANAGEI	MENT, I	CN.					GRAD			
1801 GLEI SARASOT	-					Street Add	US	Hwy 41	er is Not Accepta By PAS.	ر کا (Ble)	74	
	·					SUIT				<u> </u>		
						City	ع) د دو			FL.	Zip Cod	84
	named entit tions of regist	ly submits this statement for tered agent.	r the purpe	ose of changing its	register	ed office or r	register	ed agent, or bot	th, in the State of	Florida. I am	familiar with,	and accept
SIGNATURE .		or printed name of registered agent a	and little if appl	licable. (NOT	Registere	ed Agent signature	re required	when reinstating)		DATE		
	•	e is \$61.25 flay 1, 2007		9. Election Car Trust Fund C				\$5.00 May B Added to Fees		Make chec orida Depa	k payable t	
10.	•		RECTORS			ion. [A	Added to Fees		orida Depa	rtment of S	tate
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12. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:	alilian I Longia President	3-23-07	941)429-0397
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone

ATTACHMENT

COVER LETTER

TO:	Amendment Section
	Division of Corporations

	LINKSIDE 1 CONDOMINIUM AT SABAC TRACE (Name of Corporation)
DOCUMEN	T NUMBER: N 98000001768
The enclosed	Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	CYNTHIA O'GKADY (Name of Contact Person)
	(Name of Contact Person)
	MANAGEMENT SCRUCES OF VENICE (Firm/Company)
	(Firm/Company)
	P.O. Box 595 (Address)
	(Address)
	VENICE, FL 34284 (City/State and Zip Code)
	(
For further in	formation concerning this matter, please call:
CYNTHIA	(Name of Contact Person) at (941) 4/2-1666 (Area Code & Daytime Telephone Number
	(Name of Contact Person) (Area Code & Daytime Telephone Num

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#19800001708 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	order to change its registered office or registered agent, or both, in the State of Florida.
1. The nam	e of the corporation: LINKSIDE AT SABAL TRACE
2. The prin	cipal office address:
3. The mail	ling address (if different): P.O. Box 595, VENICE, FL 34284
4. Date of i	ncorporation/qualification: Document number: N 9800000
	e and street address of the current registered agent and registered office on file with the Department of State:
	PROGRESSIVE COMMUNITY MANAGEMENT, ICN.
	1801 GLENGARY STREET
	SARASOTA, FL 34231
6. The nam	e and street address of the new registered agent (if changed) and /or registered office
6. The nam (if chang	ed): CYNTHIA O'GRADY
	ed): CYNTHIA O'GRADY
	CYNTHIA O'GRADY 530 US HWY 41 BYPASS SOUTH SUITE 18 (P.O. Box NOT acceptable)
(if chang	ed): CYNTHIA O'GRADY
(if changed) The street as changed	CYNTHIA O'GRADY SOUTH SUITE 18 (P.O. Box NOT acceptable) VENICE, FL 34292
The street as changed Such changauthorized	CYNTHIA O'GRADY 530 US HWY 41 BYPASS SOUTH SUITE 18 (P.O. Box NOT acceptable) VENICE, FL 34292 address of its registered office and the street address of the business office of its registered agreement and the street address of the business office of its registered agreement.
The street as changed Such changauthorized	CYNTHIA O'GRADY 530 US HWY 41 Bypass South Suite 18 (P.O. Box NOT acceptable) VENICE, FL 34292 address of its registered office and the street address of the business office of its registered against will be identical. The was authorized by resolution duly adopted by its board of directors or by an officer so by the board, or the corporation has been notified in writing of the change.
The street as changed Such changauthorized	CYNTHIA O'GRADY 530 US HWY 41 Bypass South Suite 18 (P.O. Box NOT acceptable) VENICE, FL 34292 address of its registered office and the street address of the business office of its registered against be identical. The way of the board of directors or by an officer so by the board, or the corporation has been notified in writing of the change. Signature of an officer or director) (Printed or typed name and title)