

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

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

<b>DOCUMENT # N98000001768</b>					
<b>1. Entity Name</b> LINKSIDE I CONDOMINIUM AT SABAL TRACE ASSOCIATION, INC.					
<b>Principal Place of Business</b> PROGRESSIVE COMMUNITY MGMT. INC. 1801 GLENGARY STREET SARASOTA, FL 34231 US			<b>Mailing Address</b> PROGRESSIVE COMMUNITY MGMT. INC. 1801 GLENGARY STREET SARASOTA, FL 34231 US		
<b>2. Principal Place of Business - No P.O. Box #</b> MANAGEMENT SERV. OF VENICE		<b>3. Mailing Address</b> MANAGEMENT SERV. OF VENICE			
Suite, Apt. #, etc. 530 US Hwy 41 Bypass S.		Suite, Apt. #, etc. P.O. Box 595			
City & State VENICE, FL		City & State VENICE, FL			
Zip 34292	Country USA	Zip 34284	Country USA		
<b>6. Name and Address of Current Registered Agent</b> PROGRESSIVE COMMUNITY MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA, FL 34231			<b>7. Name and Address of New Registered Agent</b> Name: CYNTHIA O'GRADY Street Address (P.O. Box Number is Not Acceptable): 530 US HWY 41 BYPASS SOUTH SUITE 18 B City: VENICE FL Zip Code: 34284		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> REEVES, ALAN <b>STREET ADDRESS</b> 5800 SABAL TRACE DR, #901 <b>CITY-ST-ZIP</b> NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> GEORGIA, WILLIAM <b>STREET ADDRESS</b> 5800 SABAL TRACE DRIVE #804 <b>CITY-ST-ZIP</b> NORTH PORT, FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> MULLAN, DONALD <b>STREET ADDRESS</b> 5800 SABAL TRACE DR #1001 <b>CITY-ST-ZIP</b> NORTH PORT, FL 34287	<input type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> LYNCH, BERT <b>STREET ADDRESS</b> 5800 SABAL TRACE DRIVE #1303 <b>CITY-ST-ZIP</b> NORTH PORT, FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> PRESCOTT, DONALD <b>STREET ADDRESS</b> 5800 SABAL TRACE DR #203 <b>CITY-ST-ZIP</b> NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> NICKERSON, KENNETH <b>STREET ADDRESS</b> 5800 SABAL TRACE DRIVE #504 <b>CITY-ST-ZIP</b> NORTH PORT, FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> PHARES, BECKY <b>STREET ADDRESS</b> 5800 SABAL TRACE DR, #1004 <b>CITY-ST-ZIP</b> NORTH PORT, FL 34287	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> SCHMERTMANN, HARRY <b>STREET ADDRESS</b> 5800 SABAL TRACE DRIVE #1201 <b>CITY-ST-ZIP</b> NORTH PORT, FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> AS <b>NAME</b> MARKEL, JIM <b>STREET ADDRESS</b> 1801 GLENGARY STREET <b>CITY-ST-ZIP</b> SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> STEFANIAK, JANICE <b>STREET ADDRESS</b> 5800 SABAL TRACE DRIVE #403 <b>CITY-ST-ZIP</b> NORTH PORT, FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> AT <b>NAME</b> SUTTON, WILLIAM <b>STREET ADDRESS</b> 1801 GLENGARY STREET <b>CITY-ST-ZIP</b> SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>William A. Georgia</u> President			3-23-07		941/429-0397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

ATTACHMENT

40049385  
#N98000001768

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LINKSIDE 1 CONDOMINIUM AT SABAL TRACE  
(Name of Corporation)

**DOCUMENT NUMBER:** N98000001768

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'GRADY  
(Name of Contact Person)

MANAGEMENT SERVICES OF VENICE  
(Firm/Company)

P.O. Box 595  
(Address)

VENICE, FL 34284  
(City/State and Zip Code)

For further information concerning this matter, please call:

CYNTHIA O'GRADY at ( 941 ) 412-1666  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

H0049385  
#N98000001768

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

**ATTACHMENT**

Notwithstanding the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LINKSIDE 1 AT SABAL TRACE
2. The principal office address: \_\_\_\_\_
3. The mailing address (if different): P.O. Box 595, VENICE, FL 34284
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N98000001768
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

PROGRESSIVE COMMUNITY MANAGEMENT, INC.  
1801 GLENGARY STREET  
SARASOTA, FL 34231

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CYNTHIA O'GRADY  
530 US HWY 41 BYPASS SOUTH SUITE 18B  
(P.O. Box NOT acceptable)  
VENICE, FL 34292

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized 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)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Cynthia O'Grady  
(Signature of Registered Agent)

\_\_\_\_\_  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)