

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90025 017 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000001768					
1. Entity Name LINKSIDE I CONDOMINIUM AT SABAL TRACE ASSOCIATION, INC.					
Principal Place of Business MANAGEMENT SERVICES OF VENICE 530 US HWY 41 BYPASS S VENICE, FL 34292 US			Mailing Address MANAGEMENT SERVICES OF VENICE P.O. BOX 595 VENICE, FL 34284 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02152008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-0856615	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
O'GRADY, CYNTHIA 530 US HWY 41 BYPASS S SUITE 18B VENICE, FL 34284				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME GEORGIA, WILLIAM STREET ADDRESS 5800 SABAL TRACE DRIVE #804 CITY-ST-ZIP NORTH PORT, FL 34287	<input type="checkbox"/> Delete				
TITLE TD NAME MULLAN, DONALD STREET ADDRESS 5800 SABAL TRACE DR #1001 CITY-ST-ZIP NORTH PORT, FL 34287	<input type="checkbox"/> Delete				
TITLE D NAME NICKERSON, KENNETH STREET ADDRESS 5800 SABAL TRACE DRIVE #504 CITY-ST-ZIP NORTH PORT, FL 34287	<input type="checkbox"/> Delete				
TITLE SD NAME PHARES, BECKY STREET ADDRESS 5800 SABAL TRACE DR, #1004 CITY-ST-ZIP NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete				
TITLE AS NAME STEDANIAK, JANICE STREET ADDRESS 5800 SABAL TRACE DRIVE #403 CITY-ST-ZIP NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete				
TITLE D NAME SCHMERTMANN, HARRY STREET ADDRESS 5800 SABAL TRACE DRIVE #1201 CITY-ST-ZIP NORTH PORT, FL 34287	<input type="checkbox"/> Delete				
TITLE VD NAME LYNCH, JOHN STREET ADDRESS 5800 SABAL TRACE DRIVE #1303 CITY-ST-ZIP NORTH PORT, FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE STD NAME MULLAN, DON STREET ADDRESS 5800 SABAL TRACE DRIVE #1001 CITY-ST-ZIP NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D NAME HELMS, PAUL STREET ADDRESS 5800 SABAL TRACE DRIVE #1103 CITY-ST-ZIP NORTH PORT, FL 34287	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D NAME KAGAN, FELIX STREET ADDRESS 5800 SABAL TRACE DRIVE #1202 CITY-ST-ZIP NORTH PORT, FL 34287	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>William D. Georgia</i> WILLIAM D. GEORGIA 2-28-08 941429-0397 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					