

~ 2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

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

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

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.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent  O'GRADY, CYNTHIA 530 US HWY 41 BYPASS S SUITE 18B VENICE, FL 34284	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGIA, WILLIAM 5800 SABAL TRACE DRIVE #804 NORTH PORT, FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WD LYNCH, JOHN 5800 SABAL TRACE DRIVE #1303 NORTH PORT, FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MULLAN, DONALD 5800 SABAL TRACE DR #1001 NORTH PORT, FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MULLAN, DON 5800 SABAL TRACE DRIVE #1001 NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKERSON, KENNETH 5800 SABAL TRACE DRIVE #504 NORTH PORT, FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELM, PAUL 5800 SABAL TRACE DRIVE #1103 NORTH PORT, FL 34287	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHARES, BECKY 5800 SABAL TRACE DR, #1004 NORTH PORT, FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAGAN, FELIX 5800 SABAL TRACE DRIVE #1202 NORTH PORT, FL 34287	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STEDANIAK, JANICE 5800 SABAL TRACE DRIVE #403 NORTH PORT, FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMERTMANN, HARRY 5800 SABAL TRACE DRIVE #1201 NORTH PORT, FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *William A. Georgia* *William A. Georgia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-08

940428-0397

Date

Daytime Phone #