2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N98000001768

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

Current Principal Place of Business:

MANAGEMENT SERVICES OF VENICE
530 US HWY 41 BYPASS S
VENICE, FL 34292 US

New Principal Place of Business:

MANAGEMENT SERVICES OF VENICE
3380 RUSTIC ROAD
NOKOMIS, FL 34275 US

Current Mailing Address:

MANAGEMENT SERVICES OF VENICE
P.O. BOX 595
VENICE, FL 34284 US

New Mailing Address:

FEI Number: 65-0856615 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'GRADY, CYNTHIA
530 US HWY 41 BYPASS S
SUITE 18B
VENICE, FL 34284 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GEORGIA, WILLIAM
Address: 5800 SABAL TRACE DRIVE #804
City-St-Zip: NORTH PORT, FL 34287

Title: STD ( ) Delete
Name: MULLAN, DONALD
Address: 5800 SABAL TRACE DR #1001
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete
Name: NICKERSON, KENNETH
Address: 5800 SABAL TRACE DRIVE #504
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete
Name: SCHMERTMANN, HARRY
Address: 5800 SABAL TRACE DRIVE #1201
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: REEVES, AL
Address: PO BOX 595
City-St-Zip: VENICE, FL 34284

Title: STD (X) Change ( ) Addition
Name: HELMS, PAUL
Address: PO BOX 595
City-St-Zip: VENICE, FL 34284

Title: DT (X) Change ( ) Addition
Name: NICKERSON, KENNETH
Address: 5800 SABAL TRACE DRIVE #504
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change ( ) Addition
Name: KAGAN, FELIX
Address: PO BOX 595
City-St-Zip: VENICE, FL 34284

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AL REEVES PD 04/17/2009

Electronic Signature of Signing Officer or Director — Date