

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001768

FILED  
Mar 23, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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  
Name: REEVES, AL  
Address: PO BOX 595  
City-St-Zip: VENICE, FL 34284

Title: STD  
Name: HELMS, PAUL  
Address: PO BOX 595  
City-St-Zip: VENICE, FL 34284

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

Title: D  
Name: KAGAN, FELIX  
Address: PO BOX 595  
City-St-Zip: VENICE, FL 34284

I hereby 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 all other like empowered.

SIGNATURE: AL REEVES

PD

03/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date