

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001768

FILED  
Mar 29, 2011  
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:**

CMC MANAGEMENT SERVICES, INC.  
5206 HOPKINS AVENUE  
PORT CHARLOTTE, FL 33981 US

**Current Mailing Address:**

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

**New Mailing Address:**

CMC MANAGEMENT SERVICES, INC  
P.O. BOX 27173  
EL JOBEAN, FL 33927 US

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:**

CLARK, CYNTHIA M  
5206 HOPKINS AVENUE  
PORT CHARLOTTE, FL 33981 US

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: CYNTHIA M. CLARK

03/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CLARK, STEVEN  
Address: PO BOX 27173  
City-St-Zip: EL JOBEAN, FL 33927

Title: PD  
Name: GEORGIA, WILLIAM  
Address: PO BOX 27173  
City-St-Zip: EL JOBEAN, FL 33927

Title: DT  
Name: NICKERSON, KENNETH  
Address: P O BOX 27173  
City-St-Zip: EL JOBEAN, FL 33927

Title: DS  
Name: STICKNEY, RONALD  
Address: PO BOX 27173  
City-St-Zip: EL JOBEAN, FL 33927

Title: D  
Name: STANKO, STANLEY  
Address: P O BOX 27173  
City-St-Zip: EL JOBEAN, FL 33927

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: WILLIAM GEORGIA

DP

03/29/2011

Electronic Signature of Signing Officer or Director

Date