

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 21, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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

Name and Address of New Registered Agent:

CMC MANAGEMENT SERVICES, INC.
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: CINDY CLARK

04/21/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: PHARES, REBECCA
Address: PO BOX 27173
City-St-Zip: EL JOBEAN, FL 33927

Title: DVP
Name: HAMED, JUDY
Address: PO BOX 27173
City-St-Zip: EL JOBEAN, FL 33927

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

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

Title: D
Name: WALKER, JACK
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: REBECCA PHARES

PRES

04/21/2012

Electronic Signature of Signing Officer or Director

Date