

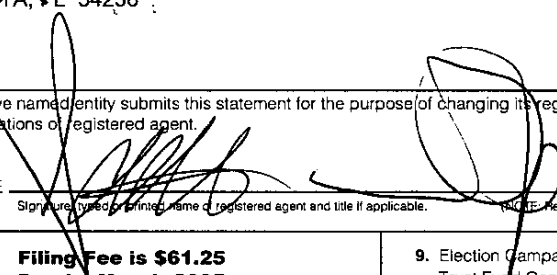
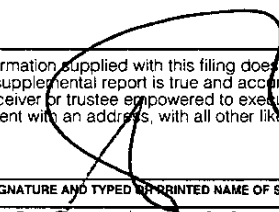


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90986 044 ****61.25

DOCUMENT # N99000003760					
1. Entity Name LINKS OFFICE MANAGEMENT ASSOCIATION, INC.					
Principal Place of Business 22 S. LINKS AVE., STE. 300 SARASOTA, FL 34236			Mailing Address PO BOX 3948 SARASOTA, FL 34230		
2. Principal Place of Business c/o John A. Moran Suite, Apt. #, etc. 1990 Main St., Suite 700		3. Mailing Address Suite, Apt. #, etc.			
City & State Sarasota, FL		City & State		4. FEI Number 65-0927573	
Zip 34236		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNLAP, SCOTT W 22 S. LINKS AVE., STE. 300 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street, Suite 700 City Sarasota FL Zip Code 34236		
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 				DATE 4-29-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <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	DV BEYMER, ROBERT H 22 SOUTH LINKS AVE, STE 100 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DORE, STEVEN 406 SARASOTA QUAY SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNLAP, SCOTT 22 S. LINKS AVE., STE. 300 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dunlap, Scott 1990 Main St., Suite 700 Sarasota, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, JOHN 22 S. LINKS AVE., STE. 300 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Moran, John 1990 Main Street, Suite 700 Sarasota, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFFMAN, MARK 455 LONGBOAT CLUB RD. LONGBOAT, FL 34228	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Director		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STEVEN DORE			Date 4-29-05		
			Daytime Phone # 941/366-0115		