


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90011 034 \*\*\*\*61.25

<b>DOCUMENT # N99000003760</b> 1. Entity Name <b>LINKS OFFICE MANAGEMENT ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O JOHN A. MORAN</b> <b>1990 MAIN ST., SUITE 700</b> <b>SARASOTA, FL 34236</b>			Mailing Address <b>PO BOX 3948</b> <b>SARASOTA, FL 34230</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0927573</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DUNLAP, SCOTT W</b> <b>1990 MAIN ST, SUITE 700</b> <b>SARASOTA, FL 34236</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DV <input checked="" type="checkbox"/> Delete		TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<del>BEYMER, ROBERT H</del>		NAME	Warren, Barry	
STREET ADDRESS	<del>22 SOUTH LINKS AVE, STE 100</del>		STREET ADDRESS	7555 Dr. MLK, Jr. Street North	
CITY-ST-ZIP	<del>SARASOTA, FL 34236</del>		CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	DST <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORE, STEVEN		NAME	1345 Main Street C-2	
STREET ADDRESS	406 SARASOTA QUAY		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNLAP, SCOTT		NAME		
STREET ADDRESS	1990 MAIN ST., SUITE 700		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORAN, JOHN		NAME		
STREET ADDRESS	1990 MAIN STREET, SUITE 700		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/13/06 941-321-8039 <small>Date Daytime Phone #</small>		

ATTACHMENT

40037341  
#199 000003760

LAW OFFICES OF

DUNLAP & MORAN, P.A.

JUDSON H. BAILEY  
JOHN E. BROWN\* ^  
SCOTT H. CARTER\*\*  
SCOTT W. DUNLAP\*  
RYAN A. FEATHERSTONE  
RALPH L. FRIEDLAND<sup>1</sup>  
GARY KAUFFMAN<sup>11</sup>  
THOMAS B. LUZIER  
RUTH E. McMAHON<sup>7</sup>  
DAVID M. MITCHELL<sup>5</sup>  
JOHN A. MORAN  
REBECCA J. PROCTOR  
BURTON M. ROMANOFF<sup>8</sup>  
JOHNSON S. SAVARY, JR. <sup>††</sup>

SUITE 700  
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SARASOTA, FLORIDA 34236  
POST OFFICE BOX 3948  
SARASOTA, FLORIDA 34230-3948  
TELEPHONE 941-366-0115  
FACSIMILE 941-365-4660

March 15, 2006

\* FLORIDA BAR BOARD CERTIFIED-  
REAL ESTATE  
^ ALSO LICENSED IN KENTUCKY  
\*\* ALSO LICENSED IN TEXAS  
<sup>1</sup> OF COUNSEL  
ALSO LICENSED IN CONNECTICUT  
<sup>11</sup> ALSO LICENSED IN NEW YORK  
<sup>7</sup> FLORIDA BAR BOARD CERTIFIED-  
WILLS, TRUSTS & ESTATES  
ALSO LICENSED IN  
COLORADO AND MICHIGAN  
<sup>5</sup> OF COUNSEL  
<sup>8</sup> ALSO LICENSED IN PENNSYLVANIA  
<sup>††</sup> ALSO LICENSED IN MICHIGAN

4675-1

Division of Corporations  
Post Office Box 6478  
Tallahassee, FL 32314

Re: LINKS OFFICE MANAGEMENT ASSOCIATION, INC.

Dear Sir/Madam:

Enclosed herewith for filing is the 2006 Not-For-Profit Corporation Annual Report, in connection with the above-referenced corporation.

Also, enclosed please find a check in the amount of \$61.25, representing payment of your filing fee.

If you have any questions with regard to this letter and/or the enclosure, please do not hesitate to contact me.

Very truly yours,

DUNLAP & MORAN, P.A.

  
Ryan A. Featherstone, Esq.

RAF:4675-1/Ltr - Div of Corp - An Rpt filing  
Enclosures