

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90208 020 ****61.25

DOCUMENT # N99000003760

1. Entity Name
LINKS OFFICE MANAGEMENT ASSOCIATION, INC.



Principal Place of Business
**C/O JOHN A. MORAN
1990 MAIN ST., SUITE 700
SARASOTA, FL 34236**

Mailing Address
**PO BOX 3948
SARASOTA, FL 34230**



04102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0927573

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUNLAP, SCOTT W
1990 MAIN ST, SUITE 700
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	DORE, STEVEN
STREET ADDRESS	1345 MAIN ST C-2
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	DUNLAP, SCOTT
STREET ADDRESS	1990 MAIN ST., SUITE 700
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	MORAN, JOHN
STREET ADDRESS	1990 MAIN STREET, SUITE 700
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	DV
NAME	WARREN, BARRY
STREET ADDRESS	7555 DR MLK JR ST N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4/12/07 941-954-5555

Steve Dore