

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04233

Entity Name: LINKSIDE VILLAGE CONDOMINIUM II ASSOCIATION, INC.**Current Principal Place of Business:**6454 RIDGE RD
PORT RICHEY, FL 34668**Current Mailing Address:**P.O BOX 1407
PORT RICHEY, FL 34673 US**FEI Number:** 59-2498974**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COASTAL HOA MANAGEMENT SERV. INC
6454 RIDGE RD
PORT RICHEY, FL 34668 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:** MARYANN SYRASKI

04/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	NELMES, GILBERT
Address	P.O BOX 1407
City-State-Zip:	PORT RICHEY FL 34673

Title	SD
Name	BODE, WALTER
Address	P.O BOX 1407
City-State-Zip:	PORT RICHEY FL 34673

Title	VPD
Name	NELMES, GILBERT
Address	P.O BOX 1407
City-State-Zip:	PORT RICHEY FL 34673

Title	TD
Name	NANCE, JILL
Address	P.O BOX 1407
City-State-Zip:	PORT RICHEY FL 34673

Title	D
Name	PRAUSA, LES
Address	P.O BOX 1407
City-State-Zip:	PORT RICHEY FL 34673

Title	D
Name	SPINNEWEBER, NEAL
Address	P.O BOX 1407
City-State-Zip:	PORT RICHEY FL 34673

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: NELMES , GILBERT

PRE

04/21/2020

Electronic Signature of Signing Officer/Director Detail

Date