

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90341 009 ****61.25

DOCUMENT # N01000002011 1. Entity Name COLONIAL LINKS CONDOMINIUM AT HERITAGE GREENS ASSOCIATION, INC.					
Principal Place of Business 14275 SW 142 AVE MIAMI, FL 33186			Mailing Address 14275 SW 142 AVE MIAMI, FL 33186		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02072005 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-1114155				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRAMER, WILLIAM D WILLIAM D. KRAMER, PA 11925 COLLIER BLVD #201 NAPLES, FL 34116			7. Name and Address of New Registered Agent Name <u>Charles & Brady LLP</u> Street Address (P.O. Box Number is Not Acceptable) <u>1395 Panther Lane</u> Suite 300 City <u>Naples</u> FL Zip Code <u>34109</u>		
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <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	P STRODEN, VERA 1969 CRESTVIEW WAY #151 FORT MYERS, FL 33913	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUBLE, ELAINE 1969 CRESTVIEW WAY #150 FORT MYERS, FL 33913	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GAZAWICZ, BOB 1945 CRESTVIEW WAY #168 FORT MYERS, FL 33913	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREBONI, LOUIS 28731 S CARGO CT. STE 6 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCEAU, ROY 28731 S CARGO CT STE 6 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T James Amato 1981 Crestview way #140 Naples, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1993 Crestview Way Naples, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>[Signature]</u> 4-13-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					