

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90188 009 \*\*\*\*61.25

<b>DOCUMENT # N01000002011</b> 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 - No P.O. Box # c/o Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr S. #215 City & State Naples, FL Zip 34104 Country Collier		3. Mailing Address c/o Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr S. #215 City & State Naples, FL Zip 34104 Country Collier	
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  QUARLES AND BRADY LLP 1395 PANTHER LANE SUITE 300 NAPLES, FL 34109		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</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)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GOKEY, EARL 1945 CRESTVIEW WAY #165 NAPLES, FL 34119	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS AMATO, LEAH 1981 CRESTVIEW WAY, 140 NAPLES, FL 34119	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLACKWELL, WOODY 1985 CRESTVIEW WAY, 135 BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AMATO, JAMES 1981 CRESTVIEW WAY #140 NAPLES, FL 34119	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRODEN, VERA 1969 CRESTVIEW WAY, 151 NAPLES, FL 34119	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BETTS RINDA 1953 CRESTVIEW WAY, 161 NAPLES FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BETTS, RICHARD 1953 CRESTVIEW WAY, 161 NAPLES FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		James D. Amato <small>Date</small> 4/11/08 <small>Daytime Phone #</small> (239) 273-6611	

