

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90494 012 ****61.25

DOCUMENT # N01000002012 1. Entity Name COLONIAL LINKS VILLAS AT HERITAGE GREENS ASSOCIATION, INC.							
Principal Place of Business 14275 SW 142 AVE MM MIAMI, FL 33186		Mailing Address 14275 SW 142 AVE MM MIAMI, FL 33186					
2. Principal Place of Business 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					
6. Name and Address of Current Registered Agent DEBOEST, RICHARD 1415 HENDRY STREET FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name <u>Jack W. Heberling</u> Street Address (P.O. Box Number is Not Acceptable) <u>1884 Crestview Way</u> City <u>Naples</u> <u>FL</u> Zip Code <u>34119</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>Jack W. Heberling, P. Jack W. Heberling</u> <u>4/21/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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	PD WADE, MARY LOU 1968 CRESTVIEW WAY NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jacobs, Richard 1996 Crestview Way Naples, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DAVIS, MICHAEL 1904 CRESTVIEW WAY NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Blatt, Helen 1896 Crestview Way Naples, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DONOHUE, DOLORES 1841 AVIAN CT NAPLES, FL 34119	<input type="checkbox"/> Delete		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 SEGUI, DON 1988 CRESTVIEW WAY NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Heberling, Jack 1884 Crestview Way Naples, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AVOLA, MICHELLE 1845 CRESTVIEW WAY NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S McCampbell, Michael 1880 Crestview Way Naples, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input 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>Helen C. Blatt</u> <u>Helen C. Blatt, pm</u> <u>4/21/05</u> <u>592-9205</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>							

40074139



04132005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2842440 65-1114156 ☒ Applied For
Not Applicable

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