2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002012

FILED Apr 14, 2009 Secretary of State

Entity Name: COLONIAL LINKS VILLAS AT HERITAGE GREENS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O RESORT MGMT C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215 2685 HORSESHOE DR S #215 NAPLES, FL 34104 NAPLES, FL 34104 New Mailing Address: **Current Mailing Address:** C/O RESORT MGMT C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215 2685 HORSESHOE DR S #215 NAPLES, FL 34104 NAPLES, FL 34104 FEI Number: 65-1114156 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BLATT, HELEN C BLATT, HELEN C 1896 ERESTVIEN WAY 1896 CRESTVIEW WAY NAPLES, FL 34119 NAPLES, FL 34119 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: HELEN BLATT 04/14/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LEDONNE, RONALD Name: Name: 1840 AVIAN COURT Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: () Change () Addition BLATT, HELEN Name: Name: Address: 1896 CRESTVIEW WAY Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: () Change () Addition WALSH, BARBARA Name: Name: 1856 AVIAN COURT Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: () Delete Title: Title: (X) Change () Addition HEBERLING, JACK Name: Name: JACOBS, RICHARD 1884 CRESTVIEW WAY 1996 CRESTVIEW WAY Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 Title: VPS () Delete Title: (X) Change () Addition MCCAMPBELL, MICHAEL MCCAMPBELL, MICHAEL Name: Name: 1880 CRESTVIEW WAY 1880 CRESTVIEW WAY Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HELEN BLATT P 04/14/2009