

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90030 015 ****61.25

DOCUMENT # N03000002939			
1. Entity Name THE LINKS AT COLONIAL RESIDENTS' ASSOCIATION, INC.			
Principal Place of Business C/O INTEGRATED PROPERTY MGMT. 3435-10TH STREET NORTH # 201 NAPLES, FL 34103		Mailing Address C/O INTEGRATED PROPERTY MGMT. 3435-10TH STREET NORTH # 201 NAPLES, FL 34103	
2. Principal Place of Business - No P.O. Box # C/O SCHOON MANAGEMENT, INC. Suite, Apt. #, etc. 9411 CYPRESS LAKE DR., STE 2 City & State FORT MYERS FL Zip 33919 Country US		3. Mailing Address C/O SCHOON MANAGEMENT, INC. Suite, Apt. #, etc. 9411 CYPRESS LAKE DR., STE 2 City & State FORT MYERS FL Zip 33919 Country US	
4. FEI Number 06-1698812		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 SHIELDS, CHRISTOPHER J. 1833 HENDRY STREET P.O. DRAWER 1507 FORT MYERS, FL 33902		7. Name and Address of New Registered Agent Name GELLES, ROBERT E Street Address (P.O. Box Number is Not Acceptable) C/O SCHOON MANAGEMENT, INC. 9411 CYPRESS LAKE DR., STE 2 City FORT MYERS FL Zip Code 33919	
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.</small>		NOTE: Registered Agent signature required when reinstating) <small>DATE</small> 4/22/08	
Filing Fee is \$61.25 Due by May 1, 2008		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DORAN, RICHARD 9103 LINKS DRIVE FORT MYERS, FL 33913 <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRATELLO, PAUL 9101 LINKS DRIVE FORT MYERS, FL 33913 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BARRETT, EILEEN 9121 LINKS DRIVE FORT MYERS, FL 33913 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental reports 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>		4/17/08 239-481-4700 <small>Date Daytime Phone #</small>	