

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002939

FILED
Mar 11, 2009
Secretary of State

Entity Name: THE LINKS AT COLONIAL RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O SCHOO MANAGEMENT, INC
9411 CYPRESS LAKE DR., STE 2
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

C/O SCHOO MANAGEMENT, INC
9411 CYPRESS LAKE DR., STE 2
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 06-1698812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELLES, ROBERT E
C/O SCHOO MANAGEMENT INC
9411 CYPRESS LAKE DR., STE 2
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DORAN, RICHARD
Address: 9103 LINKS DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: DV () Delete
Name: FRATELLO, PAUL
Address: 9101 LINKS DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: DS () Delete
Name: BARRETT, EILEEN
Address: 9121 LINKS DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DORAN, RICHARD
Address: 9103 LINKS DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: VP (X) Change () Addition
Name: FRATELLO, PAUL
Address: 9101 LINKS DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: T (X) Change () Addition
Name: BARRETT, EILEEN
Address: 9121 LINKS DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: D () Change (X) Addition
Name: GETTIG, TOM
Address: 10 ROBERT ROAD
City-St-Zip: ACTON, MA 01720

Title: D () Change (X) Addition
Name: HULL, GARY
Address: 9131 LINKS DRIVE
City-St-Zip: FORT MYERS, FL 33913

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: ROBERT E GELLES

CAM

03/11/2009

Electronic Signature of Signing Officer or Director

_____ Date