

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002011

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

**FILED**  
**Apr 20, 2022**  
**Secretary of State**  
**6918553671CC**

**Current Principal Place of Business:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DRIVE S. STE #215  
NAPLES, FL 34104

**Current Mailing Address:**

C/O RESORT MANAGMENT  
2685 HORSESHOE DRIVE S. STE #215  
NAPLES, FL 34104

**FEI Number: 65-1114155**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RESORT MANAGEMENT  
C/O RESORT MANAGEMENT  
2685 HORSESHOE DRIVE S. STE #215  
NAPLES, FL 34104 US

*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: ROBERT ROSENOW**

**04/20/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, SECRETARY  
Name           STAUB, THEODORE III  
Address        C/O RESORT MANAGMENT  
                  2685 HORSESHOE DRIVE S. STE #215  
  
City-State-Zip:   NAPLES FL 34104

Title           DIRECTOR  
Name           SQUILLANTE, RICHARD  
Address        C/O RESORT MANAGMENT  
                  2685 HORSESHOE DRIVE S. STE #215  
  
City-State-Zip:   NAPLES FL 34104

Title           PRESIDENT  
Name           STILLWELL, BEATRIX  
Address        C/O RESORT MANAGMENT  
                  2685 HORSESHOE DRIVE S. STE #215  
  
City-State-Zip:   NAPLES FL 34104

Title           DIRECTOR  
Name           BARNES , MARK  
Address        C/O RESORT MANAGMENT  
                  2685 HORSESHOE DRIVE S. STE #215  
  
City-State-Zip:   NAPLES FL 34104

Title           DIRECTOR  
Name           LILLIS, MICHAEL  
Address        C/O RESORT MANAGMENT  
                  2685 HORSESHOE DRIVE S. STE #215  
  
City-State-Zip:   NAPLES FL 34104

*I hereby 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 all other like empowered.*

**SIGNATURE: BEATRIX STILLWELL**

**PRESIDENT**

**04/20/2022**

Electronic Signature of Signing Officer/Director Detail

Date