

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100002011

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

**FILED
Apr 21, 2021
Secretary of State
5323578745CC**

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

04/21/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, TREASURER
Name STAUB, THEODORE III
Address C/O RESORT MANAGMENT
 2685 HORSESHOE DRIVE S. STE #215

City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name BYRNE, MAUREEN
Address C/O RESORT MANAGMENT
 2685 HORSESHOE DRIVE S. STE #215

City-State-Zip: NAPLES FL 34104

Title SECRETARY
Name SQUILLANTE, RICHARD
Address C/O RESORT MANAGMENT
 2685 HORSESHOE DRIVE S. STE #215

City-State-Zip: NAPLES FL 34104

Title VP
Name YATES, ROBERT
Address C/O RESORT MANAGMENT
 2685 HORSESHOE DRIVE S. STE #215

City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name FERRARI, PALMA
Address 2685 HORSESHOE DR S
 SUITE 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: THEODORE STAUB III

PRESIDENT

04/21/2021

Electronic Signature of Signing Officer/Director Detail

Date