



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90005 034 \*\*\*\*61.25

<b>DOCUMENT # 702320</b>					
1. Entity Name FRIENDS OF THE LIBRARY OF COLLIER COUNTY, INC.					
Principal Place of Business 650 CENTRAL AVENUE NAPLES, FL 34102 US		Mailing Address 650 CENTRAL AVENUE NAPLES, FL 34102		<p style="text-align: center; font-size: 24px;"><b>50023517</b></p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07062006 Chg-NP CR2E037 (4/06)	
Zip		Country		4. FEI Number 59-1030780	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LONG, ARDYN 3115 LANCASTER DRIVE #1 NAPLES, FL 34102				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State <b>FL</b> Zip Code	
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 <i>Ardyn J. Long</i>				DATE <i>7-18-06</i>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is <b>\$61.25</b> Due by <b>September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE	Treasurer
NAME	CAMPOPMOR, HEATHER L			NAME	Nick Linn
STREET ADDRESS	377 TAIAMON CANTRE SUITE 200			STREET ADDRESS	205 Via Perignon
CITY-ST-ZIP	NAPLES, FL 34103			CITY-ST-ZIP	Naples, FL 34109
TITLE	DP	<input type="checkbox"/> Delete		TITLE	Secretary
NAME	LONG, ARDYN			NAME	Irene Doughty
STREET ADDRESS	3115 LANCASTER DRIVE #1			STREET ADDRESS	156 B Spoonbill Lane
CITY-ST-ZIP	NAPLES, FL 34119			CITY-ST-ZIP	Naples, FL 34105
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	SHUBERT, SHARYN W			NAME	
STREET ADDRESS	784 ANDERSON DRIVE			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103			CITY-ST-ZIP	
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	SCHNEIDAN, AMY L			NAME	
STREET ADDRESS	5811 PELIAON BAY BEACH SUITE 5600			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34108			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 or supplemental report is 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: <i>Nick Linn</i>				DATE: <i>6-14-06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	