## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#754366**

FILED Jan 24, 2006 Secretary of State

Entity Name: COLLIER MODEL AERONAUTIC CLUB, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
PO BOX 1 MARCO IS	757 SLAND, FL 3414	6 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 1 MARCO IS	757 SLAND, FL 3414	6 US			
FEI Number	: 29-7384215	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of Cu	rrent Registered Agent:	Name and Address of	of New Registered Agent:	
	ANN, MICHAEL ISTNUT CIRCLE FL 34109 US				
	e named entity su e of Florida.	bmits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic	Signature of Registered Ag	gent	Date	
OFFICER	S AND DIRECTO	ORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () D OVERBEAK, JOE 8072 TIGER LILY NAPLES, FL 341	DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) Delete KEEFE, JEROME 3685 MONTREUX LN #104 NAPLES, FL 34114		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ST ( ) Delete PETERMANN, MICHAEL 6541 CHESTNUT CIRCLE NAPLES, FL 34109		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BOD ( ) D BRANHAM, GERA 8906 LELY ISLAN NAPLES, FL 341	LD B D CIR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BOD () Delete RUSSELL, DAVE 17941 BERMUDA DUNES DRIVE FT MYERS, FL 33912		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BOD () D FITZGERALD, RA 3277 NW 5TH AVI NAPLES, FL 341:	Y ≣	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL PETERMANN ST 01/24/2006