

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:40

DOCUMENT # 761110 (6)
1. Corporation Name
UNITED JEWISH ASSOCIATION OF COLLIER COUNTY, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1250 TAMiami TRAIL N. SUITE 304C NAPLES FL 33940
1250 TAMiami TRAIL N. SUITE 304C NAPLES FL 33940

3. Date Incorporated or Qualified 12/03/1981	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2151725	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent
LEVY, SHIRLEY H.
365 PIRATES RIGHT
NAPLES FL 33940

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Shirley H. Levy* DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FLAGEL, GERALD P.
STREET ADDRESS	5954 PELICAN BAY BLVD
CITY-ST-ZIP	NAPLES FL
TITLE	VD
NAME	GUTMAN, RACHEL
STREET ADDRESS	2353 PINWOOD CIRCLE
CITY-ST-ZIP	NAPLES FL
TITLE	VD
NAME	LEVY, SHIRLEY
STREET ADDRESS	365 PIRATES BIG LAND
CITY-ST-ZIP	NAPLES FL
TITLE	CD
NAME	ETTINGER, BILL
STREET ADDRESS	1098 WOODSHIRE LANE, H-105
CITY-ST-ZIP	NAPLES FL
TITLE	SD
NAME	BORR, SAM
STREET ADDRESS	1471 BUTTERFIELD COURT
CITY-ST-ZIP	MARIO ISLAND FL
TITLE	TD
NAME	STARMAN, SHELDON
STREET ADDRESS	4099 TAMiami TRAIL NO
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Shirley H. Levy* DATE: 1/23/95
SIGNATURE APPLIED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR *813-263-4205*