2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State
03-30-2006 90022 036 ****70.00

DOCUMENT # N00000008479

1. Entity Name

MS HOME-COLLIER COUNTY, INC.

Principal Place of Business	Mailing Address
~~5051 COSTELLO DR.~~ ~~SUITE 9~~ ~~NAPLES FL 34103~~	~~PO BOX 110655~~ ~~NAPLES FL 34108~~

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
950 3rd Ave N	PO Box 7691
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Naples, FL 34101
City & State: Naples FL	City & State: Naples FL
Zip: 34102 Country: USA	Zip: 34101 Country: USA

4. FEI Number 31-1763776 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUTHERINGER, LISA 705 WILLOWHEAD DR. NAPLES FL 34103	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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: Lisa Luthringer Lisa Luthringer President 3/16/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUTHERINGER, LISA 705 WILLOWHEAD DR. NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Loma Scharladcen C/O HSE 5551 RIDGEWOOD DRIVE NAPLES FL 34109	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEIL, DEBBIE 6582 TRAIL BLVD. NAPLES FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CRIC REINSTEIN 10641 AIRPORT ROAD #29 NAPLES FL 34109	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOHAN, LISA 228 MONTEREY DR NAPLES FL 34119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JILL ISAACSON 293 MONTEREY DRIVE NAPLES FL 34119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHAUB, NATALIE 2435 BREATWOOD BLVD NAPLES FL 34103	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JODIE MONTGOMERY 28210 OLD 41 ROAD #305 BONITA SPRINGS FL 34135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEBB, BARBARA 571 GULF PARK BLVD NAPLES FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEBBIE ZWIBLEMAN 630 WEST STREET NAPLES FL 34108	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAUL PENTZ 13661 PONDVIEW CIRCLE NAPLES FL 34119	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lisa Luthringer President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #