

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

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90012 048 \*\*\*\*61.25

**DOCUMENT # N02000002922**  
 1. Entity Name  
**COLLIERLEE FARM, A HEALING COMMUNITY, INC.**



Principal Place of Business 5790 ST. EDMUNDS LOOP FORT MYERS, FL 33912	Mailing Address 6790 ST. EDMUNDS LOOP FORT MYERS, FL 33912
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01152006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0691215	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

CLASP, INC.  
 C/O CUMMINGS & LOCKWOOD  
 3001 TAMiami TRAIL NORTH SUITE 400  
 NAPLES, FL 34013

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25 Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, ROBERT J 6790 ST. EDMUNDS LOOP FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LICATA, CAROL A 11621 SPINNAKER WAY FORT MYERS, FL 339085258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCOTT, A. PAULA 6790 ST EDMUNDS LOOP FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Robert J. Scott **ROBERT J. SCOTT** 1/26/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

ATTACHMENT

40008382

#V02 000002922

CUMMINGS & LOCKWOOD LLC

Marve Ann M. Alaimo  
Board Certified Wills,  
Trusts & Estates Lawyer  
and Master of Laws in  
Estate Planning

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February 1, 2006

Florida Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Re: CollierLee Farm, A Healing Community, Inc.

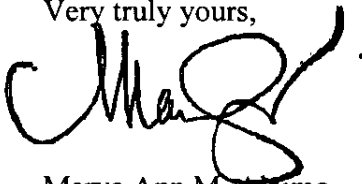
Dear Sir or Madam:

Enclosed is the *2005 Not-For-Profit Corporation Annual Report* for the CollierLee Farm, A Healing Community, Inc. Also enclosed is a check in the amount of \$61.25 in payment of the applicable filing fee.

Please acknowledge receipt of the Annual Report and filing fee by date-stamping and returning the enclosed duplicate copy of this letter in the envelope provided.

Should you have any questions, please do not hesitate to contact our office.

Very truly yours,



Marve Ann M. Alaimo

MAA/kg  
Enclosures

cc: Mr. Robert J. Scott (w/encl.)

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