I hereby 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 effe 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 th above, or on an attachment with all other like empowered.		
SIGNATURE: DALE E. FEY, JR.	VICE PRESIDENT	06/14/2019

SIGNATURE: DALE E. FEY, JR.

Electronic Signature of Signing Officer/Director Detail

Title	Р	Title	V
Name	HANSON, SHAWN M	Name	FEY, DALE E JR
Address	2700 HORSESHOE DR N	Address	6495 TAYLOR RD
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34109
Title	т		
Title Name	T SIMMONS, ROSALEE		
	•		
Name	SIMMONS, ROSALEE		

O

he above named entity submits this statement for the purpose of changing its registered office or registered agent, o				
IGNATURE:				
	Electronic Signature of Registered Agent			
Officer/Director Detail :				

2700 HORSESHOE DR N

Current Principal Place of Business:

NAPLES, FL 34104

Current Mailing Address:

DOCUMENT# N16000010236

2700 HORSESHOE DR N NAPLES. FL 34104 US

FEI Number: 59-2538539

Name and Address of Current Registered Agent:

NAPLES, FL 34109 US

The or both, in the State of Florida. SI

FEY, DALE E JR 6495 TAYLOR RD.

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: COLLIER COUNTY FIRE MARSHAL'S ASSOCIATION INC

FILED Jun 14, 2019 Secretary of State 5581283498CC

Certificate of Status Desired: No

Date

Date