## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#729406** 

FILED Jaņ 1<u>0, 2</u>006 Secretary of State

Entity Name: COLLIER COUNTY BAR ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

3301 E TAMIAMI TRAIL **BUILDING L** NAPLES, FL 34112

**New Mailing Address: Current Mailing Address:** 

3301 E TAMIAMI TRAIL **BUILDING L** NAPLES, FL 34112

FEI Number: 59-1539262 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CURATOLO, COURTNEY L 3301 E TAMÍAMI TRAIL **BUILDING L** NAPLES, FL 34112 US

**OFFICERS AND DIRECTORS:** 

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.

SIGNATURE:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

PRICE, KELLEY JEAN, RAWSON Name: Name:

27200 RIVERVIEW COURT BLVD, STE 309 Address: 400 FIFTH AVENUE S, STE 300 Address:

NAPLES, FL 34102 City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

JEAN, RAWSON Name: WILLIAM, HAZZARD Name: Address: 400 FIFTH AVENUE S. STE 300 Address: 2640 GOLDEN GATE PKWY, STE 305

City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34105

Title: () Delete Title: (X) Change ( ) Addition KATHLEEN, PASSIDOMO Name: KATHLEEN, PASSIDOMO Name:

2640 GOLDEN GATE PKWY, STE 305 2390 TAMIAMI TRAIL N, STE 204 Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34103

Title: TD ( ) Delete Title: SD (X) Change ( ) Addition

Name: HAZZARD, WILLIAM Name: JANEICE, MARTIN

2640 GOLDEN GATE PKWY, STE 115 2670 AIRPORT ROAD SOUTH Address: Address:

City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34112

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: JEAN RAWSON PD 01/10/2006