# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 25, 2008**
**Secretary of State**

DOCUMENT# 729406

**Entity Name:** COLLIER COUNTY BAR ASSOCIATION, INC.

**Current Principal Place of Business:**

3301 E TAMIAMI TRAIL
BUILDING L
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

3301 E TAMIAMI TRAIL
BUILDING L
NAPLES, FL 34112

**New Mailing Address:**

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

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

LISA, MEAD A
3301 E TAMIAMI TRAIL
BUILDING L
NAPLES, FL 34112 US

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

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: KATHLEEN, PASSIDOMO
Address: 3301 E TAMIAMI TRAIL, BUILDING L
City-St-Zip: NAPLES, FL 34112

Title: VPD ( ) Delete
Name: JANEICE, MARTIN
Address: 3301 E TAMIAMI TRAIL, BUILDING L
City-St-Zip: NAPLES, FL 34112

Title: TD ( ) Delete
Name: PIETER, VAN DIEN
Address: 3301 E TAMIAMI TRAIL, BUILDING L
City-St-Zip: NAPLES, FL 34112

Title: SD ( ) Delete
Name: JON, SCUDERI
Address: 3301 E TAMIAMI TRAIL, BUILDING L
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KATHLEEN PASSIDOMO PD 03/25/2008

Electronic Signature of Signing Officer or Director — Date