

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90045 017 \*\*\*\*61.25

**DOCUMENT # 730466**

1. Entity Name  
**COLLIER COUNTY COUNCIL ON AGING, INC.**



Principal Place of Business  
 P O BOX 2963  
 NAPLES, FL 34106-2963 US

Mailing Address  
 P O BOX 2963  
 NAPLES, FL 34106-2963 US

**50060334**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
 23-7404941

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

BURZYNSIK, JILL  
 1124 GOODLETTE RD  
 NAPLES, FL 34109

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

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: VD  
 NAME: BASS, RAND  Delete  
 STREET ADDRESS: 650 CENTRAL AVE.  
 CITY-ST-ZIP: NAPLES, FL 34102

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: SD  Delete  
 NAME: DOUCET, PHYLLIS SR.  
 STREET ADDRESS: 53 HIGH POINT CIR .W. #112  
 CITY-ST-ZIP: NAPLES, FL 34103

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: TD  Delete  
 NAME: DOWNEY, SHARON  
 STREET ADDRESS: 4167 PENSACOLA AVE  
 CITY-ST-ZIP: NAPLES, FL 33928

TITLE:  Change  Addition  
 NAME: TD KLAYMAN, EVELYN  
 STREET ADDRESS: 3903 VALENTIA WAY  
 CITY-ST-ZIP: NAPLES, FL 34119

TITLE: DP  Delete  
 NAME: DOWNEY, SHARON  
 STREET ADDRESS: 4167 PENSACOLA AVE.  
 CITY-ST-ZIP: ESTERO, FL 33928

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Euphr...*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/05  
 Date

239-566-8077  
 Daytime Phone #