

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 21, 2006
Secretary of State**

DOCUMENT# 730466

Entity Name: COLLIER COUNTY COUNCIL ON AGING, INC.

Current Principal Place of Business:

New Principal Place of Business:

P O BOX 2963
NAPLES, FL 341062963 US

Current Mailing Address:

New Mailing Address:

P O BOX 2963
NAPLES, FL 341062963 US

FEI Number: 23-7404941 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:

BURZYNSIK, JILL
1124 GOODLETTE RD
NAPLES, FL 34109 US

BURZYNSKI, JILL
1124 GOODLETTE RD
NAPLES, FL 34109 US

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: JILL BURZYNSKI 11/21/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BASS, RAND
Address: 650 CENTRAL AVE.
City-St-Zip: NAPLES, FL 34102

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

Title: SD (X) Delete
Name: DOUCET, PHYLLIS SR.,
Address: 53 HIGH POINT CIR .W. #112
City-St-Zip: NAPLES, FL 34103

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

Title: TD () Delete
Name: KLYMAN, EVELYN
Address: 3903 VALENTIA WAY
City-St-Zip: NAPLES, FL 34119

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

Title: DP () Delete
Name: DOWNEY, SHARON
Address: 4167 PENSACOLA AVE.
City-St-Zip: ESTERO, FL 33928

Title: PD (X) Change () Addition
Name: DOWNEY, SHARON
Address: 4167 PENSACOLA AVE.
City-St-Zip: ESTERO, FL 33928

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: SHARON DOWNEY PD 11/21/2006
Electronic Signature of Signing Officer or Director Date