

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 23, 2007  
Secretary of State**

DOCUMENT# 730466

Entity Name: COLLIER COUNTY COUNCIL ON AGING, INC.

**Current Principal Place of Business:**

P O BOX 2963  
NAPLES, FL 341062963 US

**New Principal Place of Business:**

801 8TH. AVENUE SOUTH  
NAPLES, FL 34102 US

**Current Mailing Address:**

P O BOX 2963  
NAPLES, FL 341062963 US

**New Mailing Address:**

FEI Number: 23-7404941      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BURZYNSKI, JILL  
1124 GOODLETTE RD  
NAPLES, FL 34109 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: VD ( ) Delete  
Name: BASS, RAND  
Address: 650 CENTRAL AVE.  
City-St-Zip: NAPLES, FL 34102

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

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

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

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

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

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

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

02/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date