

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90159 024 ****61.25

DOCUMENT # 736543

1. Entity Name
**ECONOMIC DEVELOPMENT COUNCIL OF COLLIER
COUNTY, INC.**



Principal Place of Business
**3050 N HORSESHOE #120
NAPLES, FL 34104 US**

Mailing Address
**3050 N HORSESHOE DR #120
NAPLES, FL 34104 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1695679

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

**NEMECEK, TAMMIE
3050 N. HORSESHOE DR.
STE. 120
NAPLES, FL 34104**

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 May 1, 2004**

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 DV ☐ Delete
NAME CONRECODE, THOMAS
STREET ADDRESS 3003 TAMiami TRAIL N., #400
CITY-ST-ZIP NAPLES, FL 34103

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

TITLE ED ☐ Delete
NAME NEMECEK, TAMMIE
STREET ADDRESS 3050 N. HORSESHOE DR. #120
CITY-ST-ZIP NAPLES, FL 34104

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

TITLE C ☒ Delete
NAME PEZESHKAN, FRED
STREET ADDRESS 2606 S. HORSESHOE DR.,
CITY-ST-ZIP NAPLES, FL 34104

TITLE DV ☒ Change ☒ Addition
NAME Stephen L. Price
STREET ADDRESS 1400 15th Street North
CITY-ST-ZIP Immokalee, FL 34142

TITLE DV ☐ Delete
NAME BOAZ, BRAD
STREET ADDRESS 2600 GOLDEN GATE PARKWAY #200
CITY-ST-ZIP NAPLES, FL 34105

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

TITLE DVF ☐ Delete
NAME PARSONS, ADRIA
STREET ADDRESS 5801 PELICAN BAY BLVD.
CITY-ST-ZIP NAPLES, FL 34108

TITLE C ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☒ Delete
NAME MOEBIUS, GEOFFREY
STREET ADDRESS 6101 PINE RIDGE ROAD
CITY-ST-ZIP NAPLES, FL 34119

TITLE DV ☐ Change ☒ Addition
NAME James Warnken
STREET ADDRESS 350 7th Street North
CITY-ST-ZIP Naples, FL 34102

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:

Tammie Nemecek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

Daytime Phone #