## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#736543**

FILED Jan 07, 2006 Secretary of State

Entity Name: ECONOMIC DEVELOPMENT COUNCIL OF COLLIER COUNTY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3050 N HORSESHOE #120 NAPLES, FL 34104 **Current Mailing Address: New Mailing Address:** 3050 N HORSESHOE DR #120 NAPLES, FL 34104 FEI Number: 59-1695679 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: NEMECEK, TAMMIE 3050 N. HÓRSESHOE DR. STE. 120 NAPLES, FL 34104 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition CONRECODE, THOMAS GATES, TODD Name: Name: 3003 TAMIAMI TRAIL N., #400 Address: 12810 TAMIAMI TRAIL NORTH Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34110 Title: Title: ( ) Delete () Change () Addition NEMECEK, TAMMIE Name: Name: Address: 3050 N. HORSESHOE DR. #120 Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition PRICE, STEPHEN L GRANT, RICHARD Name: Name: 1400 15TH STREET NORTH 5551 RIDGEWOOD DRIVE Address: Address: City-St-Zip: IMMOKALEE, FL 34142 City-St-Zip: NAPLES, FL 34108 (X) Change ( ) Addition Title: V () Delete Title: Name: GATES, TODD Name: CONRECODE, THOMAS 12810 TAMIAMI TRAIL NORTH Address: Address: 3003 TAMIAMI TRAIL NORTH, #400 City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34103 Title: () Delete Title: () Change () Addition HART, DAVID Name: Name: 24301 WALDEN CENTER DRIVE Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: () Delete Title: () Change () Addition WARNKEN, JAMES Name: Name: Address: 350 7TH STREET NORTH Address: NAPLES, FL 34102 City-St-Zip: 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: TAMMIE NEMECEK PRES 01/07/2006