2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736543

FILED Jaņ 15, 2<u>00</u>9 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 3050 N HORSESHOE #120 NAPLES, FL 34104 NAPLES, FL 34104 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete PARRY, TIM MULHERE, ROBERT J Name: Name:

5811 PELICAN BAY BLVD., STE 500 Address: 6610 WILLOW PARK DRIVE, SUITE 200 Address:

City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

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

SCHMELZLE, JULIE Name: O'NEILL, WILLIAM Name:

4501 TAMIAMI TRAIL N. STE. 400 850 PARK SHORE DRIVE, 3RD FLOOR Address: Address:

City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103

Title: () Delete Title: (X) Change () Addition

Name: DIAZ, CARLOS Name: PINHOLSTER, JOHN 3705 WESTVIEW DRIVE 3520 KRAFT ROAD Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34105

Title: () Delete Title: (X) Change () Addition

MCMAHAN, TERRY SHAW, CAROL Name: Name: 2655 NORTHBROOKE DRIVE 6075 BATHEY LANE Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34116

Title: () Delete Title: (X) Change () Addition

GOGUEN, BRIAN GOGUEN. BRIAN Name: Name:

Address: 2600 GOLDEN GATE PKWY; STE 200 Address: 2600 GOLDEN GATE PKWY; STE 200

NAPLES, FL 34105 NAPLES, FL 34105 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 J. NEMECEK Ρ 01/15/2009