FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

759922

(8)

COLLIER COUNTY EDUCATION ASSOCIATION CONDOMINIUM ASSOCIATION, INC.

Principal Place	of Business	Mailing Address	Mailing Address					
4651 WEST BLVD NAPLES FL 33940		4651 WEST BLVD NAPLES FL 34103-3056						
						3. Date Incorporated or Qualified 09/04/1981	3a. Date of La 03/20	ast Report)/1996
2. Principal Pl	ace of Business	2a. Mailing Address	·····			4. FEI Number 59-2321430		Applied For
21		26				59-2321430		Not Applicable
Suite, Apt +	#, etc.	⊢	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	75 Additional
22 City & State		City & State	City & State					e Required
23		28				6. Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	Zip	Cou	untry		This corporation has liability for light corporation as liability for light corporation has liability for light corporation.		
24	25	29	30				Yes 🔣 No	
	9. Name and Address of Curre	ent Registered Agent		Ι.,		10. Name and Address of New Re	gistered Agent	
				81	Name			
	Y, NELLA		82 Street Ad		dress (P.O. Box Number is Not Acceptab	ole)		
	DAVIS BLVD.							
NAPLES	FL			83				
				84	City		FL 85	Zip Code
office or re	o the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change was a	authorize	d by	the corpo	orporation submits this statement for the pration's board of directors. I hereby accept	ourpose of chang of the appointmen	ing its registered nt as registered
SIGNATURE _								
12.	Signature, typed or printed name of registered a	gent and title if applicable (NOTI ND DIRECTORS	E: Registere	d Age	nt signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	ידֹר או פאר די
TITLE	TD OFFICENS A	DELETE	1.1 1	TLE		ADDITIONS/OFFANGES TO OFFIC	Cha	
NAME	CHANCY, NELLA		1.2 NAME					
STREET ADDRESS	2520-C DAVIS BLVD			1.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 00000		1.4 C	ITY-S	T-ZiP	·		
TITLE	VD	· -		ITLE			☐ Cha	ange Addition
NAME	TAYLOR, NORMAN		2.2 N	2.2 NAME				
STREET ADDRESS	4651 WEST BLVD		2.3 \$	TREET	ADDRESS			
CITY-ST-ZIP				2. 4 CITY-ST-ZIP				
TITLE			3.1 T				L Cha	ange [_] Addition
NAME	TAYLOR, JOANNE 4651 WEST BLVD		3.2 N					
STREET ADDRESS	NAPLES, FL 00000		3.3 STREET					
CITY-ST-ZIP TITLE	IMPLES, FL 00000	DELETE	3.4, C	CHTY - S	1 - ZIP		Cha	ange Addition
NAME		Land Decree	1	VAME			<u></u>	ings Emp riserious
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				ITY-S	· I			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 Ti				Cha	ange
NAME			5.2 N	AME				-
STREET ADDRESS			1		ADDRESS			
CITY-SI-ZIP				ITY-S				
TALE		☐ DELETE	6.1 T		1		Cha	ange 🔲 Addition
NAME -			6.2 N	IAME				
STREET ADDRESS			6.3 \$	TREET	address			
					1			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

1-30-97

941-775-8224

FILED

Feb 05 1997 8:00am

Secretary of State