


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

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 770076 1. Entity Name SUNLIGHT OF COLLIER COUNTY, INC.	
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Principal Place of Business 2903 TROPICANA BLVD. NAPLES, FL 34116	Mailing Address P.O. BOX 9194 NAPLES, FL 34101
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2417151	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ERICKSON, ROSEMARY 431 LAGOON AVENUE NAPLES, FL 34108

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERICKSON, ROSEMARY 431 LAGOON AVENUE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIRE, DOLORES 2624 SAILORS WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANURI, JEANNE 5321 MAHOGONY RIDGE DRIVE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, NANCY 20 CENTER STREET NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINNEGAN, PAT 2762 KINGS LAKE BLVD NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORRISSEY, JOAN 3443 WILDWOOD LAKE CIR. BONITA SPRINGS, FL 34134

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02/16/07-80037-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Jeane M. Manuri</i></u> 2/6/07 (239) 261-1436	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		