

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770076

FILED
Apr 15, 2009
Secretary of State

Entity Name: SUNLIGHT OF COLLIER COUNTY, INC.

Current Principal Place of Business:

2903 TROPICANA BLVD.
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9194
NAPLES, FL 34101

New Mailing Address:

FEI Number: 59-2417151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERICKSON, ROSEMARY
431 LAGOON AVENUE
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

ERICKSON, ROSEMARY P
431 LAGOON AVENUE
NAPLES, FL 34108 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: ROSEMARY ERICKSON

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ERICKSON, ROSEMARY
Address: 431 LAGOON AVENUE
City-St-Zip: NAPLES, FL 34108

Title: VPD () Delete
Name: SIRE, DOLORES
Address: 2624 SAILORS WAY
City-St-Zip: NAPLES, FL 34109

Title: TD () Delete
Name: MANURI, JEANNE
Address: 5321 MAHOGANY RIDGE DRIVE
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: JORDAN, NANCY
Address: 20 CENTER STREET
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: FINNEGAN, PAT
Address: 2762 KINGS LAKE BLVD
City-St-Zip: NAPLES, FL 34112

Title: SD () Delete
Name: MORRISSEY, JOAN
Address: 3443 WILDWOOD LAKE CIR.
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MANURI, JEANNE
Address: 5321 MAHOGANY RIDGE DRIVE
City-St-Zip: NAPLES, FL 34119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ROSEMARY ERICKSON

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date