

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770076

FILED
Apr 07, 2011
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 P
431 LAGOON AVENUE
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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:

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

Title: VPD
Name: SIRE, DOLORES
Address: 6075 PELICAN BAY BLVD., #1205
City-St-Zip: NAPLES, FL 34108

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

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

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

Title: SD
Name: BOTT, CAROLYN
Address: 337 HARVARD LANE
City-St-Zip: NAPLES, FL 34104

I hereby 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 all other like empowered.

SIGNATURE: ROSEMARY ERICKSON

PD

04/07/2011

Electronic Signature of Signing Officer or Director

Date