

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000006352

FILED
Jan 16, 2006
Secretary of State

Entity Name: COLLIER ATHLETIC ARBITERS ASSOCIATION, INC.

Current Principal Place of Business:

19365 PINE GLEN DR
FT MYERS, FL 33912

New Principal Place of Business:

9836 WHITEHALL STREET
NAPLES, FL 34109

Current Mailing Address:

POST OFFICE BOX 619
ESTERO, FL 33928

New Mailing Address:

9836 WHITEHALL STREET
NAPLES, FL 34109

FEI Number: 65-1043549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIELLA, WAYNE
19365 PINE GLEN DR
FT MYERS, FL 33912 US

Name and Address of New Registered Agent:

COSTAIN, T. TROY
9836 WHITEHALL STREET
NAPLES, FL 34109 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: T. TROY COSTAIN

01/16/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WAHLERS, SCOTT
Address: 19365 PINE GLEN DR
City-St-Zip: FT MYERS, FL 33912

Title: D () Delete
Name: ESTES, TIM
Address: 19365 PINE GLEN DR
City-St-Zip: FT MYERS, FL 33912

Title: D () Delete
Name: COSTAIN, TROY
Address: 19365 PINE GLEN DR
City-St-Zip: FT MYERS, FL 33912

Title: RA (X) Delete
Name: RIELLA, J. WAYNE
Address: 19365 PINE GLEN DR
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WAHLERS, SCOTT
Address: 9836 WHITEHALL STREET
City-St-Zip: NAPLES, FL 34109

Title: D (X) Change () Addition
Name: ESTES, TIM
Address: 9836 WHITEHALL STREET
City-St-Zip: NAPLES, FL 34109

Title: RAD (X) Change () Addition
Name: COSTAIN, TROY
Address: 9836 WHITEHALL STREET
City-St-Zip: NAPLES, FL 34109

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TROY COSTAIN

D

01/16/2006

Electronic Signature of Signing Officer or Director

Date