

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006759

1. Entity Name

**MENTAL HEALTH ASSOCIATION OF COLLIER COUNTY
FOUNDATION, INC.**



Principal Place of Business

**2335 NINTH ST. N., STE. 404
NAPLES FL 34103**

Mailing Address

**2335 NINTH ST. N., STE. 404
NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3750484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, PETRA
2335 NINTH ST. N., STE. 404
NAPLES FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
GAYLE, DENNIS M SR
14598 INDIGO LAKES CIR.
NAPLES FL 34119** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**100000238730
02/22/05-80012-017 61.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVT
DUNN, JANE
9216 SWEETGRASS WAY
NAPLES FL 34108** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
ROSENBAUM, JODY
2111 FORREST LANE
NAPLES FL 34102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
LANDY, ROBERT
1112 GOODLETTE ROAD, SUITE 203
NAPLES FL 34102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

ROBERT J. LANDY
TREASURER

2/13/2005

239-263-3312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #