

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008761

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: FLORIDA COLLECTORS ASSOCIATION, INC.

**Current Principal Place of Business:**

7805 SE 170TH RUTLEDGE ST.  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

7805 SE 170TH RUTLEDGE ST.  
THE VILLAGES, FL 32162

**New Mailing Address:**

FEI Number: 59-6178150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GROTTICELLI, SABER  
7805 SE 170TH RUTLEDGE ST.  
THE VILLAGES, FL 32162 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: PRES ( ) Delete  
Name: MANDY, HALL  
Address: 7805 SE 170TH RUTLEDGE ST  
City-St-Zip: THE VILLAGES, FL 32162

Title: PPRE ( ) Delete  
Name: CURT, FLYNN  
Address: 134 S TAMPA ST  
City-St-Zip: TAMPA, FL 33602

Title: SEC ( ) Delete  
Name: SABER, GROTTICELLI  
Address: 7805 SE 170TH RUTLEDGE ST  
City-St-Zip: THE VILLAGES, FL 32162

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: JACK, BROWN III  
Address: 5630 MARQUESAS CIRC;E  
City-St-Zip: SARASOTA, FL 34233

Title: VPRE (X) Change ( ) Addition  
Name: PAM, KIRCHNER  
Address: 18001 OLD CUTLER RD #462.  
City-St-Zip: MIAMI, FL 33157

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

Title: DIR ( ) Change (X) Addition  
Name: BRIDGET, KUESTER  
Address: 13530 SAN RAEFAEL DRIVE  
City-St-Zip: LARGO, FL 33774

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: SABER GROTTICELLI

SEC

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date