

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000000190

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** COLLIER COUNTY AUDUBON FOUNDATION, INC.

**Current Principal Place of Business:**

660 9TH ST. NORTH, RM. 32A  
NAPLES, FL 34102

**New Principal Place of Business:**

1020 8TH AVE. SOUTH,  
SUITE 2  
NAPLES, FL 34102

**Current Mailing Address:**

PO BOX 11387  
NAPLES, FL 341011387

**New Mailing Address:**

1020 8TH AVE. SOUTH,  
SUITE 2  
NAPLES, FL 34102

**FEI Number:** 22-3891134      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

LACKORE, L.B.  
256 EDGEMERE WAY N.  
NAPLES, FL 34105    US

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

LACKORE, L.B.  
356 EDGEMERE WAY N.  
NAPLES, FL 34105    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: L.B. LACKORE

02/22/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BELOW, TED  
Address: 3697 NORTH RD.  
City-St-Zip: NAPLES, FL 34108

Title: D  
Name: PETTEY, GAIL B  
Address: 595 16TH AVE. S  
City-St-Zip: NAPLES, FL 34102

Title: D  
Name: PIRES, RICKY  
Address: 209 MADISON DR  
City-St-Zip: NAPLES, FL 34110

Title: T  
Name: LU, LACKORE  
Address: 356 EDGEMERE WAY NORTH  
City-St-Zip: NAPLES, FL 34105

Title: D  
Name: ARSENAULT, EILEEN  
Address: 1188 GORDON DRIVE.  
City-St-Zip: NAPLES, FL 34102

Title: P  
Name: KELLER, ALAN  
Address: 298 LITTLE HARBOR LANE  
City-St-Zip: NAPLES, FL 34132

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: LB LACKORE

T

02/22/2010

Electronic Signature of Signing Officer or Director

Date