

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90014 027 \*\*\*\*61.25

**DOCUMENT # N03000003731**

1. Entity Name  
**COLLIER MONTESSORI SCHOOL, INC.**



Principal Place of Business  
**10904 WINTERVIEW DR  
NAPLES, FL 34109**

Mailing Address  
**10904 WINTERVIEW DR  
NAPLES, FL 34109**

**40000724**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2427239**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARSHALL, ROY C.  
10904 WINTERVIEW DR  
NAPLES, FL 34109**

7. Name and Address of New Registered Agent

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

**Filing 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

TITLE ☐ Delete  
NAME **D O'REILLY, LISA G**  
STREET ADDRESS **601 KETCH DR**  
CITY-ST-ZIP **NAPLES, FL 33940**

TITLE ☐ Delete  
NAME **D RAVENEL, JULIE**  
STREET ADDRESS **5280 10TH AVE SW**  
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE ☐ Delete  
NAME **D PEEL, KELLY**  
STREET ADDRESS **9099 THE LANE**  
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE ☒ Delete  
NAME **D LOMBARDO, TRACY**  
STREET ADDRESS **212 SILERADO DR**  
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **D Roy Marshall**  
STREET ADDRESS **4832 Shoarwater Ln**  
CITY-ST-ZIP **Naples FL 34119**

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

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

TITLE ☐ Change ☒ Addition  
NAME **D Georgia Vitiello**  
STREET ADDRESS **229 Madison Drive**  
CITY-ST-ZIP **Naples FL 34110**

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

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

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

*R. Marshall* **Roy C. Marshall** **5 Jan 2005** **2395977190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #