

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005923

FILED  
Aug 10, 2012  
Secretary of State

**Entity Name:** COLLIER COUNTY WOMEN'S BAR ASSOCIATION, INC.

**Current Principal Place of Business:**

8889 PELICAN BAY BLVD  
SUITE 100 C/O SHELLEY R PERRY  
NAPLES, FL 34108

**New Principal Place of Business:**

5551 RIDGEWOOD DR  
STE 501  
NAPLES, FL 34108

**Current Mailing Address:**

8889 PELICAN BAY BLVD  
SUITE 100 C/O SHELLEY R PERRY  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** 20-0111264

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PERRY, SHELLEY R ESQ  
8889 PELICAN BAY BLVD  
SUITE 100  
NAPLES, FL 34108 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: PP/D  
Name: HASTINGS, KIM ESQ.  
Address: 23241 MARSH LANDING BLVD  
City-St-Zip: ESTERO, FL 33928 US

Title: P/D  
Name: LOUKONEN, RACHAEL S ESQ.  
Address: 5551 RIDGEWOOD DR STE 501  
City-St-Zip: NAPLES, FL 34108 US

Title: VP/D  
Name: MUCHA, TARA ESQ.  
Address: 300 FIFTH AVE SOUTH, SUITE 221  
City-St-Zip: NAPLES, FL 34102 US

Title: T/D  
Name: PERRY, SHELLEY R ESQ.  
Address: 8889 PELICAN BAY BLVD, SUITE 100  
City-St-Zip: NAPLES, FL 34108 US

Title: S/D  
Name: DILLON, KIMBERLY A ESQ.  
Address: 1395 PANTHER LANE, STE 300  
City-St-Zip: NAPLES, FL 34109 US

Title: D  
Name: DOWNES, DENNIELLE S ESQ.  
Address: 8889 PELICAN BAY BLVD, STE 400  
City-St-Zip: NAPLES, FL 34108 US

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: SHELLEY R PERRY

T/D

08/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date