

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 16, 2010**  
**Secretary of State**

DOCUMENT# N04000005521

**Entity Name:** MILANO RECREATION ASSOCIATION, INC.**Current Principal Place of Business:**MARCELLO CIRCLE  
NAPLES, FL 34110**New Principal Place of Business:****Current Mailing Address:**COLLIER FINANCIAL, INC  
4985 TAMiami TrL E  
NAPLES, FL 34113 US**New Mailing Address:****FEI Number:** 20-2309550**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MARK ADAMCZYK, PECK & PECK  
5801 PELICAN BAY BLVD  
103  
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: VD  
Name: SWITZER, PAUL  
Address: 15926 MARCELLO CIR  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: MATHIESEN, ROBIN  
Address: 15772 MARCELLO CIRCLE  
City-St-Zip: NAPLES, FL 34110

Title: PD  
Name: BROWN, JUDIE  
Address: 15648 MARCELLO CIRCLE  
City-St-Zip: NAPLES, FL 34110

Title: TD  
Name: COTE, DONALD  
Address: 15942 MARCELLO CIRCLE  
City-St-Zip: NAPLES, FL 34110

Title: SD  
Name: PARDUE, MARCIA  
Address: 15590 MARCELLO CIRCLE  
City-St-Zip: NAPLES, FL 34110 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: JUDIE BROWN

PD

09/16/2010

Electronic Signature of Signing Officer or Director

Date