

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 20, 2011**  
**Secretary of State**

DOCUMENT# N04000010014

**Entity Name:** COLLIER COUNTY LACROSSE ASSOCIATION, INC.**Current Principal Place of Business:**139 5TH STREET SOUTH  
NAPLES, FL 34102**New Principal Place of Business:****Current Mailing Address:**139 5TH STREET SOUTH  
NAPLES, FL 34102**New Mailing Address:****FEI Number:** 14-1916934**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BISSELL, JULIE  
4827 TAHITI LANE  
NAPLES, FL 34112 US**Name and Address of New Registered Agent:**WASMER, PETER E  
139 5TH STREET SOUTH  
NAPLES, FL 34102 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: PETER E. WASMER

10/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WASMER, PETER E  
Address: 139 5TH STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: D  
Name: VICTOR, KONOPIK  
Address: 8066 TAUREN CT.  
City-St-Zip: NAPLES, FL 34119

Title: D  
Name: FRIEDMANN, MICHAEL  
Address: 10109 WINCHESTER WOOD  
City-St-Zip: NAPLES, FL 34109

Title: D  
Name: GOODRICH, BOB  
Address: 487 EGRET AVE  
City-St-Zip: NAPLES, FL 34108

Title: D  
Name: WHITAKER, SANIA D  
Address: 1322 CORSO PALERMO CT. #1  
City-St-Zip: NAPLES, FL 34105

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: SANIA D WHITAKER

D

10/20/2011

Electronic Signature of Signing Officer or Director

Date