

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010014

FILED
Aug 28, 2012
Secretary of State

Entity Name: COLLIER COUNTY LACROSSE ASSOCIATION, INC.

Current Principal Place of Business:

139 5TH STREET SOUTH
NAPLES, FL 34102

New Principal Place of Business:

8066 TAUREN CT
NAPLES, FL 34119

Current Mailing Address:

139 5TH STREET SOUTH
NAPLES, FL 34102

New Mailing Address:

8066 TAUREN CT
NAPLES, FL 34119

FEI Number: 14-1916934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASMER, PETER E
139 5TH STREET SOUTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

KONOPIK, VICTOR J
8066 TAUREN CT
NAPLES, FL 34119 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: VICTOR KONOPIK

08/28/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: KONOPIK, VICTOR J III
Address: 8066 TAUREN COURT
City-St-Zip: NAPLES, FL 34119

Title: D
Name: VICTOR, KONOPIK
Address: 139 5TH STREET SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D
Name: VARIAN, WILLIAM
Address: 886 110TH AVE N
City-St-Zip: NAPLES, FL 34108

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: VICTOR KONOPIK

MR

08/28/2012

Electronic Signature of Signing Officer or Director

Date