


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90304 014 \*\*\*\*61.25

<b>DOCUMENT # N05000004360</b> 1. Entity Name <b>COLLIER DEPUTIES, FOP LODGE 14, INC.</b>					
Principal Place of Business <b>75 10TH STREET NORTH NAPLES, FL 34102</b>			Mailing Address <b>PO BOX 11265 NAPLES, FL 34101</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>04282006</b> Chg-NP <b>CR2E037 (4/06)</b>	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>COVIELLO, MICHAEL E ESQ MICHAEL E COVIELLO ESQ PL 2614 BAY DRIVE BRADENTON, FL 34207</b>			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SCHUCKERT, JOHN 75 10TH STREET NORTH NAPLES, FL 34102</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SMITH, CHARLES 75 10 ST N NAPLES, FL 34102</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SMITH, CHARLES 75 10TH STREET NORTH NAPLES, FL 34102</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BARTIS, JOHN 75 10 ST N NAPLES, FL 34102</b>
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MCPHERSON, RAY 75 10TH STREET NORTH NAPLES, FL 34102</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ZELEWICZ, PAUL 75 10 ST N NAPLES, FL 34102</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CRAFTON, STEPHEN 75 10TH STREET NORTH NAPLES, FL 34102</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T TERILL, HARLEY 75 10 ST N NAPLES, FL 34102</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ZELEWICZ, PAUL 75 10TH STREET NORTH NAPLES, FL 34102</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JORDAN, CHRIS 75 10 ST N NAPLES, FL 34102</b>
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KOTOKIS, PANAYIOTA 75 10TH STREET NORTH NAPLES, FL 34102</b>	<input checked="" type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Charles M Smith</u> <b>4/27/06</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					