

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008140

FILED
Jan 17, 2006
Secretary of State

Entity Name: COLLIER SPORTS ASSOCIATION, INC.

Current Principal Place of Business:

263 SILVERADO DR.
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

263 SILVERADO DR.
NAPLES, FL 34119

New Mailing Address:

FEI Number: 20-3216620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGDON, WILLIAM
263 SILVERADO DR.
NAPLES, FL 34119 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: D () Delete
Name: LANGDON, TAMMY
Address: 263 SILVERADO DR.
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: O'NEIL, PEGGY
Address: 605 LALIQUE CIRCLE #895
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: CARROLL, JULIE
Address: 1713 FOREST LAKES BLVD.
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TAMMY L LANGDON

PRES

01/17/2006

Electronic Signature of Signing Officer or Director

Date