

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90015 041 ****61.25

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1. Entity Name
**COLLIER RECREATION BASEBALL/SOFTBALL UMPIRES
ASSOCIATION, INC.**

Principal Place of Business
**606 BALD EAGLE DRIVE STE 500
MARCO ISLAND, FL 34145**

Mailing Address
**606 BALD EAGLE DRIVE STE 500
MARCO ISLAND, FL 34145**

40022984



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number

51-0576376

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODWARD, CRAIG R ESQ
606 BALD EAGLE DRIVE STE 500
MARCO ISLAND, FL 34145**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DP
MANURI, MICHAEL
5321 MAHOGANY RIDGE DRIVE
NAPLES, FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DT
SPOERLEIN, NEIL
4336 BEECHWOOD LAKE DRIVE
NAPLES, FL 34112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DS
CHURCHILL, STAN
19090 FLAMINGO ROAD
FORT MYERS, FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DV
KOHEN, IRV
4246 LONGSHORE WAY NORTH
NAPLES, FL 34119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DV
MEKEEL, RICH
27660 MICHIGAN STREET
BONITA SPRINGS, FL 34135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DV
SETTINERI, THOMAS
4445 DUMLIN COURT
NAPLES, FL 34119 ☒ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/07

239.250.3842