

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N06000004151**

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**



01072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**51-0576376**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
MANURI, MICHAEL  
5321 MAHOGANY RIDGE DRIVE  
NAPLES, FL 34109**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
SPOERLEIN, NEIL  
4336 BEECHWOOD LAKE DRIVE  
NAPLES, FL 34112**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
CHURCHILL, STAN  
19090 FLAMINGO ROAD  
FORT MYERS, FL 33912**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
KOHN, IRV  
4246 LONGSHORE WAY NORTH  
NAPLES, FL 34119**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
MEKEEL, RICH  
27660 MICHIGAN STREET  
BONITA SPRINGS, FL 34135**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000861113  
04/02/08-80090-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

**3/14/08**

Date

**239.394.5761**

Daytime Phone #