

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004659

FILED
Apr 24, 2009
Secretary of State

Entity Name: PACE COLLIER AT IMMOKALEE - THC, INC.

Current Principal Place of Business:

1 WEST ADAMS STREET
SUITE 301
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

1 WEST ADAMS STREET
SUITE 301
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-4780320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOKE AND MEUX, PA
501 RIVERSIDE AVENUE
SUITE 903
JACKSONVILLE, FL 32202 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: C () Delete
Name: BARTON, PAT
Address: 605 PALM CIRCLE, EAST
City-St-Zip: NAPLES, FL 34102

Title: S () Delete
Name: TEGTMEYER, SUZETTE
Address: 8829 PELICAN BAY BLVD STE 403
City-St-Zip: NAPLES, FL 34108

Title: T () Delete
Name: PITTMAN, ANITA
Address: 497 DEVILS LANE
City-St-Zip: NAPLES, FL 34103

Title: VC () Delete
Name: MARX, JAMES
Address: 547 LAKE ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P () Delete
Name: GALLAGHER, DONNA
Address: ONE WEST ADAMS STREET SUITE 301
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP (X) Delete
Name: TABET, TAREK
Address: ONE WEST ADAMS STREET SUITE 301
City-St-Zip: JACKSONVILLE, FL 32202

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:

Title: VC (X) Change () Addition
Name: BLASS, JEFF
Address: 2570 W INTERNATIONAL SPEEDWAY BLVD STE 100
City-St-Zip: DAYTONA BEACH, FL 32114

Title: P (X) Change () Addition
Name: MARX, MARY
Address: ONE WEST ADAMS STREET SUITE 301
City-St-Zip: JACKSONVILLE, FL 32202

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

I hereby certify that the information supplied with this filing does not qualify 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: MARY MARX

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date