

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009120

FILED
Apr 30, 2009
Secretary of State

Entity Name: NAHREP COLLIER-LEE, INC.

Current Principal Place of Business:

1109 SW 45 STREET
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

1109 SW 45 STREET
CAPE CORAL, FL 33914 US

New Mailing Address:

PO BOX 2147
BONITA SPRINGS, FL 34133 US

FEI Number: 20-5460337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTRERAS, BLANCA
1109 SW 45 STREET
CAPE CORAL, FL 33914 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: P () Delete
Name: CONTRERAS, BLANCA
Address: 1109 SW 45TH STREET
City-St-Zip: CAPE CORAL, FL 33914 US

Title: VP () Delete
Name: ANTONMATTEI, JAN PAUL
Address: 4485 15TH AVENUE SW
City-St-Zip: NAPLES, FL 34116 US

Title: T (X) Delete
Name: JONES, CHRISTINE
Address: 5061 KENSINGTON HIGH STREET
City-St-Zip: NAPLES, FL 34105 US

Title: S () Delete
Name: SUAREZ, GILDA
Address: 13441 ALMOND DRIVE
City-St-Zip: FORT MYERS, FL 33908 US

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: () 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: BLANCA CONTRERAS

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date