## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000011925

FILED Mar 26, 2009 Secretary of State

Entity Name: VOLUNTEER COLLIER, INC. **Current Principal Place of Business: New Principal Place of Business:** 553 GALLEON DRIVE NAPLES, FL 34102 **Current Mailing Address: New Mailing Address:** 553 GALLEON DRIVE NAPLES, FL 34102 FEI Number: 83-0500837 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLASP, INC 3001 TÁMIAMI TRAIL NORTH, SUITE 400 NAPLES, FL 34103 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete CADWALLADER, RAYBURN HARTUNG, MAUREEN M Name: Name: Address: 1090 EGRETS WALK CIRCLE Address: 4120 15THY. AVENUE SW City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34116 Title: () Delete Title: () Change () Addition POND, SYDNEY Name: Name: Address: 152 ATWOOD LANE Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: Title: () Delete Title: () Change () Addition SCOTT, DONALD Name: Name: 553 GALLEON DRIVE Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: FOSTER, TORREY Name: 2003 IMPERIAL GOLF COURSE BLVD. Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: Title: Title: () Delete ( ) Change (X) Addition DOWNEY, SHARON Name: Name: 4167 PENSACOLA VAVE. Address: Address: City-St-Zip: City-St-Zip: ESTERO, FL 33928

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: SHARON DOWNEY D 03/26/2009