

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07601

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: ROTARY CLUB OF NAPLES-COLLIER, INC.

## Current Principal Place of Business:

QUALITY INN AND SUITES GOLF RESORT  
4100 GOLDEN GATE PARKWAY  
NAPLES, FL 34116 US

## New Principal Place of Business:

PERKINS RESTAURANT  
3583 PINE RIDGE RD  
NAPLES, FL 34109 US

## Current Mailing Address:

P O BOX 990701  
NAPLES, FL 34116 US

## New Mailing Address:

FEI Number: 59-2546128      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUERGER, TOBY L  
151 CYPRESS WAY E  
C105  
NAPLES, FL 34110 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: PS ( ) Delete  
Name: BUERGER, TOBY L  
Address: P O BOX 990701  
City-St-Zip: NAPLES, FL 34116 US

Title: VP ( ) Delete  
Name: BREAM, JACK  
Address: P O BOX 990701  
City-St-Zip: NAPLES, FL 34116 US

Title: D ( ) Delete  
Name: KOLEGUE, LAWRENCE  
Address: PO BOX 990701  
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete  
Name: WOLFLEY, DAVE  
Address: P.O. BOX 990701  
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete  
Name: LAMENDOLA, MARIO  
Address: P.O. BOX 990701  
City-St-Zip: NAPLES, FL 34116

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WOLFELY, DAVID  
Address: P O BOX 990701  
City-St-Zip: NAPLES, FL 34116 US

Title: VP (X) Change ( ) Addition  
Name: KOCSES, WILLIAM  
Address: P O BOX 990701  
City-St-Zip: NAPLES, FL 34116 US

Title: S/T (X) Change ( ) Addition  
Name: BUERGER, TOBY  
Address: PO BOX 990701  
City-St-Zip: NAPLES, FL 34116

Title: D (X) Change ( ) Addition  
Name: KOLEGUE, LAWRENCE  
Address: P.O. BOX 990701  
City-St-Zip: NAPLES, FL 34116

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: TOBY BUERGER

S/T

02/05/2009

Electronic Signature of Signing Officer or Director

Date