

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27597

FILED  
Jan 12, 2009  
Secretary of State

**Entity Name:** COLLIER CITRUS GROWERS DRAINAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

3595 RANCH ONE ROAD  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3175  
IMMOKALEE, FL 34143 US

**New Mailing Address:**

P O BOX 3147  
IMMOKALEE, FL 341433147 US

**FEI Number:** 59-0155622

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSENTHAL, PAUL E.  
111 NORTH ORANGE AVENUE  
SUITE 1800  
ORLANDO, FL 32801 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: ST ( ) Delete  
Name: MURPHY, MICHAEL S  
Address: 224 DAVID AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DP ( ) Delete  
Name: ENGLISH, J. EDWIN,  
Address: RT. 2 BOX 421  
City-St-Zip: IMMOKALEE, FL

Title: D ( ) Delete  
Name: ENGLISH, JOSEPH,  
Address: 981 GLENN AVENUE  
City-St-Zip: LEHIGH ACRES, FL

Title: D ( ) Delete  
Name: FISCHER, EVERETTE H.,  
Address: 75 2ND STREET  
City-St-Zip: WINTER GARDEN, FL

Title: VP ( ) Delete  
Name: CRUMBLY, DAVID  
Address: 20205 US HIGHWAY 27  
City-St-Zip: LAKE WALES, FL 33853

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DP (X) Change ( ) Addition  
Name: ENGLISH, J. EDWIN,  
Address: RT. 2 BOX 421  
City-St-Zip: IMMOKALEE, FL 33934

Title: D (X) Change ( ) Addition  
Name: ENGLISH, JOSEPH,  
Address: 981 GLENN AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D (X) Change ( ) Addition  
Name: FISCHER, EVERETTE H.,  
Address: 75 2ND STREET  
City-St-Zip: WINTER GARDEN, FL 34777

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: MICHAEL S. MURPHY

ST

01/12/2009

Electronic Signature of Signing Officer or Director

Date