

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90080 012 ****61.25



DOCUMENT # N28707

1. Entity Name

**COLLIER COUNTY MEDICAL SOCIETY ALLIANCE
FOUNDATION, INC.**

Principal Place of Business

P.O. BOX 367446
BONITA SPRINGS FL 34136
US

Mailing Address

P.O. BOX 367446
BONITA SPRINGS FL 34136
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0091608

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

**PETRITES, MICHELE
27285 A RROYAL RD.
BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	KAPLAN, AVA SPECTOR	1745 WINDING OAKS WAY	NAPLES FL 34109	<input type="checkbox"/>
PP	TROUTMAN, MARY	4115 WILLOWHEAD WAY	NAPLES FL 34103	<input type="checkbox"/>
RS	HOWARD, AMY	5088 POST OAK LANE	NAPLES FL 34105	<input type="checkbox"/>
CS	DENT, MARY	6617 MILL RUN LANE	NAPLES FL 34109	<input type="checkbox"/>
T	JUSTIZ, JANIES	9305 AUTUMN HAZE DR.	NAPLES FL 34109	<input type="checkbox"/>
FT	PETRITES, MICHELE	27285 ARROYAL RD.	BONITA SPRINGS FL 34135	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PTD	Mary Dent	1845 Senegal date drive	Naples, FL 34179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C	Amy Howard	5088 Post Oak Lane	Naples, FL 34105	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J	Janice Justiz	9305 Autumn Haze dr.	Naples, FL 34109	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FT	Mari-Elean Vickers	12240 Toscana Way #101	Bonita Springs, FL 34135	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Michele Petrites	27285 Arroyal Road	Bonita Springs, FL 34135	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michele Petrites Treasurer* 4/12/05 2393902334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #