## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N28707

FILED Mar 13, 2011 Secretary of State

Entity Name: COLLIER COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1148 GOODLETTE ROAD NORTH NAPLES, FL 34102 US

Current Mailing Address: New Mailing Address:

1148 GOODLETTE ROAD NORTH NAPLES, FL 34102 US

FEI Number: 65-0091608 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:

CROSS, MARY F
6845 WELLINGTON DRIVE
NAPLES, FL 34109 US
CROSS, MARY F
8640 BLUE FLAG WAY
NAPLES, FL 34109 US

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: 03/13/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: AGARWAL, ADITI
Address: 9314 LA BIANCO ST
City-St-Zip: ESTERO, FL 33967 US

Title: PP

Name: SCHWARTZ, MELANIE Address: 611 GORDONIA RD City-St-Zip: NAPLES, FL 34108 US

Title: V

Name: GROSSMAN, WENDY Address: 348 WENTWORTH CT City-St-Zip: NAPLES, FL 34104 US

Title: 1

Name: PETRITES, MICHELE Address: 27285 ARROYAL ROAD

City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: F1

Name: CROSS, MARY
Address: 8640 BLUE FLAG WAY
City-St-Zip: NAPLES, FL 34110 US

Title: PFT

 Name:
 HOCHMAN, KIMBERLY

 Address:
 5922 AMBERWOOD DRIVE

 City-St-Zip:
 NAPLES, FL 34110 US

I hereby 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 all other like empowered.

SIGNATURE: MARY CROSS FT 03/13/2011