


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90025 028 ****61.25

DOCUMENT # N29298		
1. Entity Name COLLIER COUNTY LOAN CONSORTIUM, INC.		

Principal Place of Business 5094 AIRPORT ROAD NAPLES, FL 34105 US	Mailing Address 5665 S. ORANGE AVE. ORLANDO, FL 32809
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2. Principal Place of Business 3838 Tamiami Tr. N Suite, Apt. #, etc.	3. Mailing Address 3838 Tamiami Tr. N Suite, Apt. #, etc.
City & State Naples FL	City & State Naples FL
Zip 34103 Country US	Zip 34103 Country US

54064173



07192004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent BREEDON, GEORGE 5094 AIRPORT ROAD NAPLES, FL 34105		7. Name and Address of New Registered Agent Name Linda Newman Co Orion Bank Street Address (P.O. Box Number is Not Acceptable) 3838 Tamiami Tr N Naples City FL Zip Code 34103	
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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 Linda Newman, Director & Treasurer DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BREEDON, GEORGE 5094 AIRPORT ROAD NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, T Linda Newman Co Orion Bank 3838 Tamiami Tr. N Naples FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JONES, JUDITH 801 LAUREL OAK DRIVE NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Janet Fritts, Co The Harris 4040 Gulfshore Blvd N Naples FL 34103 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, LINDA 3838 TAMIAAMI TRAIL NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAFENBRACK, BRIAN 900 GOODLETTE ROAD NAPLES, FL 34101 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Linda Newman, Director & Treasurer Date 07/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 239-403-5167