

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29298

FILED
Apr 14, 2009
Secretary of State

Entity Name: COLLIER COUNTY LOAN CONSORTIUM, INC.

Current Principal Place of Business:

4040 GULFSHORE BLVD
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

4040 GULFSHORE BLVD
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0150050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, KIMBERLY
C/O HARRIS BANK
4040 GULFSHORE BLVD
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

BELL, KIMBERLY
C/O ORION BANK
1905 PINE RIDGE RD
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: KIMBERLY BELL

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FRITTS, JANET
Address: 4040 GULFSHORE BLVD
City-St-Zip: NAPLES, FL 34103 US

Title: D () Delete
Name: CACHO, GUILLERMO
Address: 3775 SANTA BARBARA BLVE
City-St-Zip: NAPLES, FL 34104

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PAINE, SUE ANN
Address: 777 SOUTH FLAGLER DR STE 140
City-St-Zip: W PALM BEACH, FL 33401 US

Title: D (X) Change () Addition
Name: VILLARREAL, MIGUEL
Address: 3775 SANTA BARBARA BLVE
City-St-Zip: NAPLES, FL 34104

Title: SEC () Change (X) Addition
Name: BELL, KIMBERLY
Address: 1905 PINE RIDGE RD
City-St-Zip: NAPLES, FL 34109D

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: SUE ANN PAINE

DP

04/14/2009

Electronic Signature of Signing Officer or Director

Date