

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37810

FILED  
Mar 31, 2006  
Secretary of State

**Entity Name:** COLLIER HEALTH PARK OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3003 TAMIAMI TRAIL NORTH  
STE 400  
NAPLES, FL 34103

**New Principal Place of Business:**

ONE APPLETON STREET  
BOSTON, MA 34110

**Current Mailing Address:**

3003 TAMIAMI TRAIL NORTH  
STE 400  
NAPLES, FL 34103

**New Mailing Address:**

ONE APPLETON STREET  
BOSTON, MA 34110

**FEI Number:** 65-0186932

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UTTER, PATRICK L  
3003 TAMIAMI TRAIL NORTH  
SUITE 400  
NAPLES, FL 34103 US

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

REGISTERED AGENT SOLUTIONS, INC.  
1333 N. DUVAL ST  
TALLAHASSEE, FL 32303 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: RICARDO OROZCO

03/31/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VSD ( ) Delete  
Name: UTTER, PATRICK L  
Address: 3003 TAMIAMI TRAIL N #400  
City-St-Zip: NAPLES, FL 34103

Title: PD ( ) Delete  
Name: FLOOD, THOMAS J  
Address: 3003 TAMIAMI TRAIL N #400  
City-St-Zip: NAPLES, FL 34103

Title: VTD ( ) Delete  
Name: CORINA, ROBERT D  
Address: 3003 TAMIAMI TR., N., #400  
City-St-Zip: NAPLES, FL 34103

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

Title: DP (X) Change ( ) Addition  
Name: DAVIS, JONATHAN  
Address: ONE APPLETON STREET  
City-St-Zip: BOSTON, MA 34110

Title: DVS (X) Change ( ) Addition  
Name: MARCUS, PAUL  
Address: ONE APPLETON STREET  
City-St-Zip: BOSTON, MA 34110

Title: DVT (X) Change ( ) Addition  
Name: HOOKE, DAVID  
Address: ONE APPLETON STREET  
City-St-Zip: BOSTON, MA 34110

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL R. MARCUS

DVS

03/31/2006

Electronic Signature of Signing Officer or Director

Date