

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 30, 2008
Secretary of State**

DOCUMENT# N37810

Entity Name: COLLIER HEALTH PARK OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**ONE APPLETON STREET
BOSTON, MA 34110**New Principal Place of Business:****Current Mailing Address:**ONE APPLETON STREET
BOSTON, MA 34110**New Mailing Address:**

FEI Number: 65-0186932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:DAVIS MARCUS MANAGEMENT, INC
333 3RD AVENUE NORTH, SUITE 400
ST. PETERSBURG, FL 33701 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: DAVIS, JONATHAN
Address: ONE APPLETON STREET
City-St-Zip: BOSTON, MA 34110Title: S () Delete
Name: MARCUS, PAUL
Address: ONE APPLETON STREET
City-St-Zip: BOSTON, MA 34110Title: T () Delete
Name: HOOKE, DAVID
Address: ONE APPLETON STREET
City-St-Zip: BOSTON, MA 34110Title: D () Delete
Name: DAVIS, JONATHAN G
Address: ONE APPLETON STREET
City-St-Zip: BOSTON, MA 34110Title: D () Delete
Name: DAVIS, PAUL R
Address: ONE APPLETON STREET
City-St-Zip: BOSTON, MA 34110Title: D (X) Delete
Name: HOOKE, DAVID
Address: ONE APPLETON STREET
City-St-Zip: BOSTON, MA 34110**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: T (X) Change () Addition
Name: RICHARD, KENNETH J
Address: ONE APPLETON STREET
City-St-Zip: BOSTON, MA 34110Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: MARCUS, PAUL R
Address: ONE APPLETON STREET
City-St-Zip: BOSTON, MA 34110Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL R. MARCUS

P

05/30/2008

Electronic Signature of Signing Officer or Director

Date