

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37810

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

75 PARK PLAZA  
BOSTON, MA 02116

**New Principal Place of Business:**

**Current Mailing Address:**

75 PARK PLAZA  
BOSTON, MA 02116

**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:**

MARCUS PARTNERS, 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: SECY  
Name: DAVIS, JONATHAN G  
Address: ONE APPLETON STREET  
City-St-Zip: BOSTON, MA 02116

Title: PRES  
Name: MARCUS, PAUL R  
Address: 75 PARK PLAZA  
City-St-Zip: BOSTON, MA 02116

Title: TREA  
Name: SHEA, LORA E  
Address: 75 PARK PLAZA  
City-St-Zip: BOSTON, MA 02116

Title: DIR  
Name: DAVIS, JONATHAN G  
Address: ONE APPLETON STREET  
City-St-Zip: BOSTON, MA 02116

Title: DIR  
Name: MARCUS, PAUL R  
Address: 75 PARK PLAZA  
City-St-Zip: BOSTON, MA 02116

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: PAUL R. MARCUS

PRES

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date