

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39212

FILED  
Feb 13, 2007  
Secretary of State

**Entity Name:** THE EDUCATION FOUNDATION OF COLLIER COUNTY, INC.

**Current Principal Place of Business:**

2590 GOLDEN GATE PKWY  
#101  
NAPLES, FL 34105 US

**New Principal Place of Business:**

**Current Mailing Address:**

2590 GOLDEN GATE PKWY  
#101  
NAPLES, FL 34105 US

**New Mailing Address:**

**FEI Number:** 65-0230582

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VERNON, CHRISTOPHER  
TREISER, COLLINS & VERNON  
3080 TAMiami TRAIL EAST  
NAPLES, FL 34112 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: D ( ) Delete  
Name: HILL, MARY L  
Address: 985 1ST AVE S  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: MAXWELL, MICHAEL  
Address: 3200 BAILEY LANE  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: TRITTLER, PATRICK  
Address: 4500 EXECUTIVE DR STE 320  
City-St-Zip: NAPLES, FL 34105

Title: S ( ) Delete  
Name: CAVUOTO, RITA  
Address: 4888 POND APPLE DR N  
City-St-Zip: NAPLES, FL 34119

Title: T ( ) Delete  
Name: BRADLEY, TODD  
Address: 5551 RIDGEWOOD DR  
City-St-Zip: NAPLES, FL 34108

Title: PRES ( ) Delete  
Name: MCMANUS, SUSAN  
Address: 2590 GOLDEN GATE PKWY #101  
City-St-Zip: NAPLES, FL 34105

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SUSAN MCMANUS

PRES

02/13/2007

Electronic Signature of Signing Officer or Director

Date