

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90081 034 ****61.25

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DOCUMENT # N42797

1. Corporation Name

CARE CLUB OF COLLIER COUNTY, INC.

Principal Place of Business
**1800 SANTA BARBARA BLVD
NAPLES FL 34116
US**

Mailing Address
**1800 SANTA BARBARA BLVD
NAPLES FL 34116
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

04/01/1991

4. FEI Number

65-0253054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**MACDUFFIE, LINDA
1255 GULF SHORE BLVD
NAPLES FL 34102**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Linda MacDuffie* *Linda MacDuffie*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D COOPER, SISSEL**
STREET ADDRESS **1775 GULF SHORE BLVD NORTH**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE ☒ DELETE
NAME **D GRAHAM, BOBBIE**
STREET ADDRESS **5652 RATTLESNAKE HAMMOCK #204C**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME **D DENDOOVEN, EDWARD J**
STREET ADDRESS **551 BINNACLE DRIVE**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE ☐ DELETE
NAME **D ELDER, TERRY**
STREET ADDRESS **3134 KINGS LAKE BLVD**
CITY-ST-ZIP **NAPLES FL 33962**

TITLE ☐ DELETE
NAME **P MACDUFFIE, LINDA**
STREET ADDRESS **1255 GULF SHORE BLVD, BOX 12-5**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME **VP POLLARD, CHARLES**
STREET ADDRESS **660 TAMiami Trl, Suite 21**
CITY-ST-ZIP **NAPLES FL 34102**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda MacDuffie* *Linda MacDuffie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99
Date

1-941-353-1994
Daytime Phone #

CR2E037 (11/98)