

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42797

FILED  
Jan 13, 2004  
Secretary of State

Entity Name: CARE CLUB OF COLLIER COUNTY, INC.

**Current Principal Place of Business:**

1800 SANTA BARBARA BLVD  
NAPLES, FL 34116 US

**New Principal Place of Business:**

**Current Mailing Address:**

1800 SANTA BARBARA BLVD  
NAPLES, FL 34116 US

**New Mailing Address:**

FEI Number: 65-0253054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUPREE-WAHLSTROM, LUANNE  
1800 SANTA BARBARA BLVD  
NAPLES, FL 34116 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: LOUX, LINDA  
Address: 2025 CASTLE GARDEN LANE  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: DENDOOVEN, EDWARD J  
Address: 551 BINNACLE DRIVE  
City-St-Zip: NAPLES, FL 33940

Title: VP ( ) Delete  
Name: JOSEPH, WELCH  
Address: 27250 TORTOISE TRAIL  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: P ( ) Delete  
Name: SILVESTRI, ERROL  
Address: 226 BELVILLE BLVD  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: POLLARD, CHARLES  
Address: 660 TAMIAMI TRL, SUITE 21  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: RITZ, NORMAN  
Address: 197 #4 PENNY LANE  
City-St-Zip: NAPLES, FL 34102

**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 Section 119.07(3)(i), 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: ERROL SILVESTRI

P

01/13/2004

Electronic Signature of Signing Officer or Director

Date