

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42797

FILED
Jan 09, 2006
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: 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

Title: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: MARSHALL, SARAH
Address: 3054 DRIFTWOOD WAY #4504
City-St-Zip: NAPLES, FL 34103

Title: D () Change (X) Addition
Name: LYKINS, LAURA
Address: 5770 WESTPORT LANE
City-St-Zip: NAPLES, FL 34116

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: LUANNE WAHLSTROM

E. D

01/09/2006

Electronic Signature of Signing Officer or Director

Date