

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42797

FILED
Jan 05, 2011
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: TREA
Name: DENDOOVEN, EDWARD J
Address: 551 BINNACLE DRIVE
City-St-Zip: NAPLES, FL 33940

Title: PRES
Name: DAVID, ROSATO
Address: 103 GLEN EAGLE CIRCLE
City-St-Zip: NAPLES, FL 34104 US

Title: D
Name: BIRR, MARY
Address: 7405 DEVONSHIRE BLVD
City-St-Zip: NAPLES, FL 34104

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

Title: VP
Name: MARSHALL, SARAH
Address: 3054 DRIFTWOOD WAY #4504
City-St-Zip: NAPLES, FL 34103

Title: D
Name: LYKINS, LAURA
Address: 5770 WESTPORT LANE
City-St-Zip: NAPLES, FL 34116

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: LUANNE DUPREE WAHLSTROM

ED

01/05/2011

Electronic Signature of Signing Officer or Director

Date