

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42797

FILED  
Jan 05, 2012  
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: BIRR, MARY  
Address: 2322 PINEWOODS CIRCLE  
City-St-Zip: NAPLES, FL 34105

Title: PRES  
Name: MARSHALL, SARAH  
Address: 20 CYPRESS POINT DRIVE  
City-St-Zip: NAPLES, FL 34105 US

Title: D  
Name: NELSON, MIKE  
Address: P.O. BOX 11796  
City-St-Zip: NAPLES, FL 34112

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

Title: VP  
Name: HUGHES, KATHLEEN  
Address: 1210 STONE COURT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: D  
Name: SERIGNE, MICHELLE  
Address: 133 WADING BIRD CIRCLE  
City-St-Zip: NAPLES, FL 34110

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 WAHLSTROM

ED

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date