

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N43308

**FILED**  
**Oct 06, 2005**  
**Secretary of State**

**Entity Name:** COLLIER COUNTY BAR FOUNDATION, INC.

**Current Principal Place of Business:**

3301 TAMIAMI TRAIL EAST, BLDG L  
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

3301 TAMIAMI TRAIL EAST, BLDG L  
NAPLES, FL 34112

**New Mailing Address:**

**FEI Number:** 65-0268501      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

CURATOLO, COURTNEY  
COLLIER COUNTY BAR FOUNDATION  
3301 TAMIAMI TRAIL EAST  
NAPLES, FL 34112 US

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: COURTNEY CURATOLO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: D'AGOSTINO, LOUIS  
Address: 821 FIFTH AVE S STE 201  
City-St-Zip: NAPLES, FL 34102

Title: VD ( ) Delete  
Name: PRICE, KELLY  
Address: 27200 RIVERVIEW CT. BLVD  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD ( ) Delete  
Name: RAWSON, JEAN  
Address: 400 FIFTH AVE S., STE 300  
City-St-Zip: NAPLES, FL 34102

Title: SD (X) Delete  
Name: HAZZARD, WILLIAM  
Address: 2640 GOLDEN GATE PKWY STE 115  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WILLIAM, HAZZARD  
Address: 2640 GOLDEN GATE PKWY, STE 304  
City-St-Zip: NAPLES, FL 34105

Title: TD (X) Change ( ) Addition  
Name: KATHLEEN, PASSIDOMO  
Address: 2640 GOLDEN GATE PKWY, STE 305  
City-St-Zip: NAPLES, FL 34105

Title: SD (X) Change ( ) Addition  
Name: JANEICE, MARTIN  
Address: 2670 AIRPORT ROAD SOUTH  
City-St-Zip: NAPLES, FL 34112

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: WILLIAM HAZZARD

PD

10/06/2005

Electronic Signature of Signing Officer or Director

Date