

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50209

FILED
Feb 23, 2005
Secretary of State

Entity Name: PUBLIC RELATIONS ASSOCIATION OF COLLIER COUNTY INC.

Current Principal Place of Business:

P.O. BOX 9063
NAPLES, FL 34101063 US

New Principal Place of Business:

P.O. BOX 9063
NAPLES, FL 34101 US

Current Mailing Address:

227 SILVERADO DRIVE
NAPLES, FL 34119 US

New Mailing Address:

P.O. BOX 9063
NAPLES, FL 34101 US

FEI Number: 65-0378828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURRAY, DIANA
227 SILVERADO DRIVE
NAPLES, FL 34119 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: HAPKE, MARGIE
Address: 816 W ELKCAM CIRCLE #306
City-St-Zip: MARCO ISLAND, FL 34145

Title: T () Delete
Name: DOBYNS, CINDY
Address: 107 MADISON DRIVE
City-St-Zip: NAPLES, FL 34110

Title: S () Delete
Name: STICKNEY, ERIN
Address: 4779 ENTERPRISE AVENUE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: MANDELL, ROBERT
Address: 5629 STRAND BLVD. #406
City-St-Zip: NAPLES, FL 34110

Title: P () Delete
Name: MURRAY, DIANA
Address: 227 SILVERADO DRIVE
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: MODYS, JONELL
Address: 3050 NO. HORSESHOE DRIVE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: EADINGTON, MARGARET
Address: 1148 GOODLETTE ROAD NORTH
City-St-Zip: NAPLES, FL 34102

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: CYNTHIA M. DOBYNS

T

02/23/2005

Electronic Signature of Signing Officer or Director

Date