

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N50209

1. Entity Name
**PUBLIC RELATIONS ASSOCIATION OF COLLIER
COUNTY INC.**



Principal Place of Business
**P.O. BOX 9063
NAPLES, FL 34101 US**

Mailing Address
**P.O. BOX 9063
NAPLES, FL 34101 US**



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0378828

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MURRAY, DIANA
227 SILVERADO DRIVE
NAPLES, FL 34119**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAPKE, MARGIE
STREET ADDRESS	816 W ELKCAM CIRCLE #306
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	T
NAME	DOBYNS, CINDY
STREET ADDRESS	107 MADISON DRIVE
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	S
NAME	EADINGTON, MARGARET
STREET ADDRESS	1148 GOODLETTE ROAD NORTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	MANDELL, ROBERT
STREET ADDRESS	5629 STRAND BLVD. #406
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	P
NAME	MURRAY, DIANA
STREET ADDRESS	227 SILVERADO DRIVE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D
NAME	MODYS, JONELL
STREET ADDRESS	3050 NO. HORSESHOE DRIVE
CITY-ST-ZIP	NAPLES, FL 34104

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01/17/06-80009-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia M. Dobyns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06
Date

239-596-9149
Daytime Phone #