

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2003 8:00 am**  
**Secretary of State**

06-04-2003 90097 043 \*\*\*\*\*61.25

**DOCUMENT # N50209**

1. Entity Name

**PUBLIC RELATIONS ASSOCIATION OF COLLIER COUNTY I  
NC.**



Principal Place of Business

**P.O. BOX 9063  
NAPLES FL 34101-063  
US**

Mailing Address

**816 W ELKCAM CIRCLE  
#306  
MARCO ISLAND FL 34145  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0378828**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HAPKE, MARGIE  
816 W ELKCAM CIRCLE #306  
MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HAPKE, MARGIE</b>	
STREET ADDRESS	<b>816 W ELKCAM CIRCLE #306</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DOBYNS, CINDY</b>	
STREET ADDRESS	<b>107 MADISON DRIVE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>KENNEDY, AILEEN</b>	
STREET ADDRESS	<b>2026 TAMiami TRAIL NORTH</b>	
CITY-ST-ZIP	<b>NAPLES FL 34102</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BURN, JANET W</b>	
STREET ADDRESS	<b>2911 TMIAMI TRAIL</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCKAY, EILEEN C</b>	
STREET ADDRESS	<b>1454 MADISON AVE</b>	
CITY-ST-ZIP	<b>IMMOKALEE FL 34142</b>	
TITLE	<b>DBM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BALON, MICHELLE</b>	
STREET ADDRESS	<b>4171 ST GEORGE LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	

TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hapke, Margie</b>	
STREET ADDRESS	<b>Same</b>	
CITY-ST-ZIP	<b>Same</b>	
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dobyns, Andy</b>	
STREET ADDRESS	<b>Same</b>	
CITY-ST-ZIP	<b>Same</b>	
TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Eileen C. McKay</b>	
STREET ADDRESS	<b>1454 Madison Ave</b>	
CITY-ST-ZIP	<b>Naples FL 34103</b>	
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WASHBURN, JANET</b>	
STREET ADDRESS	<b>4949 23rd Ave SW</b>	
CITY-ST-ZIP	<b>Naples FL 34103 34116</b>	
TITLE	<b>Mark Thomas</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>169 Forrest Lakes Blvd</b>	
STREET ADDRESS	<b>Naples FL 34105</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet M Washburn 5-1-03 239-352-1331

CR2E037 (10/02)