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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000005477 (5)**

1. Corporation Name

COLLIER COUNTY ASSOCIATION FOR THE BLIND, INC.

Principal Place of Business	Mailing Address
C/O GOLDEN GATE COMMUNITY CENTER 4701 GOLDEN GATE PARKWAY NAPLES FL 34116 34-116	C/O GOLDEN GATE COMMUNITY CENTER 4701 GOLDEN GATE PARKWAY NAPLES FL 33999

3. Date Incorporated or Qualified: 11/30/1993

4. FEI Number: 65-0458413 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KNAUER, EDWARD B 501 GOODLETTE ROAD N SUITE D-100 NAPLES FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	EILERS, EILEEN		1.2 NAME	CARR, ANN	
STREET ADDRESS	1189 6 LN N		1.3 STREET ADDRESS	1779 CRAYTON Road	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MAZZA, FRANK		2.2 NAME	[redacted] Lewis, Helen	
STREET ADDRESS	2509 CITRUS LAKE DR #102		2.3 STREET ADDRESS	954 Goodlette Rd. # 124	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	☐ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	TARRANT, FRED		3.2 NAME	URI, Nikki	
STREET ADDRESS	175 3RD ST S		3.3 STREET ADDRESS	656 102nd Ave. N	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples, FL 34108	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OBLOY, CLARE		4.2 NAME		
STREET ADDRESS	4400 17 PL SW		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GEINSINSCLAT, CECILIA		5.2 NAME		
STREET ADDRESS	1829 MANDARIN RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PANAEOS, CHUCK		6.2 NAME		
STREET ADDRESS	1460 GREEN VALLEY CIR #402		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3-19-98 (941) 649-1122

COLLIER COUNTY ASSOCIATION FOR THE BLIND, INC.
1998 NON PROFIT CORPORATION ANNUAL REPORT
F.E.I. NUMBER: 65-0458413

Additional information for number 13.

Officers:

1.1	Title:	V	_X_ DELETE
1.2	Name:	Rigg, James	
1.3	Street Address:	410 6th St. N.E.	
1.4	City-St-Zip:	Naples, Fl. 34120	

1.1	Title:	V	_X_ DELETE
1.2	Name:	Wilson, Joe	
1.3	Street Address:	15116 Royal Fern Court #B101	
1.4	City-St-Zip:	Naples, Fl. 34110	

1.1	Title:	S
1.2	Name:	Carty, Lillian
1.3	Street Address:	4913 23rd Avenue
1.4	City-St-Zip:	Naples, Fl. 34116

1.1	Title:	T
1.2	Name:	Piper, Betty
1.3	Street Address:	2136 44th Terrace S.W.
1.4	City-St-Zip:	Naples, Fl. 34116

1.1	Title:	P
1.2	Name:	Bailey, Bill
1.3	Street Address:	4750 20th Place S.W. #B
1.4	City-St-Zip:	Naples, Fl. 34116

1.1	Title:	D
1.2	Name:	Pelka, John
1.3	Street Address:	4930 14th Ave. S.W.
1.4	City-St-Zip:	Naples, Fl. 34116