2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State
04-24-2008 90115 005 ****61.25

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1. Entity 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 33999	C/O GOLDEN GATE COMMUNITY CENTER 4701 GOLDEN GATE PARKWAY NAPLES, FL 33999

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04142008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KNAUER, EDWARD B 501 GOODLETTE ROAD N SUITE D-100 NAPLES, FL	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

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOOVEN, BETTY 4774 EUROPA DRIVE NAPLES, FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V McCarten, DON 24 MONACO DR. Naples, FL 34112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, HELEN 204 FURSE LAKES CIR., #2 NAPLES, FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V McMahon, Carolyn 2400 AINTree Lane Naples, FL 34112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOCCUZZI, ANITA 4 OCEAN BLVD NAPLES, FL 34104	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McAllister, Robert 471 Elk Circle Marco Island, FL 34145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KIRK, ANN 752 LABTON LANE NAPLES, FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Minghi, Dolly 184 Furse Lake Circle, #11 Naples, FL 34104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENTI, MICHAEL 7737 JEWEL LANE #103 NAPLES, FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Phillips, Beverly 3765 23rd Ave. S.W. Naples, FL 34117	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WEISS, MARY LOU 2618 13TH ST. N. NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wilson, Joseph 753 Palm View Dr Naples, FL 34110	☐ Change ☒ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ GREG 4/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #