## 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N93000005477

FILED Jan 09, 2010 Secretary of State

Entity Name: COLLIER COUNTY ASSOCIATION FOR THE BLIND, INC.

**Current Principal Place of Business:** 

C/O GOLDEN GATE COMMUNITY CENTER

4701 GOLDEN GATE PARKWAY

NAPLES, FL 33999

**Current Mailing Address:** 

C/O GOLDEN GATE COMMUNITY CENTER 4701 GOLDEN GATE PARKWAY

NAPLES, FL 33999

FEI Number: 65-0458413

KNAUER, EDWARD B

501 GOODLETTE ROAD N

FEI Number Applied For ( )

FEI Number Not Applicable ( )

G101

NAPLES, FL 34116

2800 AINTREE LN.

NAPLES, FL 34112

New Mailing Address:

Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

> KNAUER, EDWARD B 501 GOODLETTE ROAD N

**New Principal Place of Business:** 

4701 GOLDEN GATE PARKWAY

C/O GOLDEN GATE COMMUNITY CENTER

SUITE D-100

NAPLES, FL 34102 US

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: EDWARD B. KNAUER

01/09/2010 Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

SUITE D-100 NAPLES, FL

MINGHI, DOLLY Name:

Address: 184 FURSE LAKE CR. #11 City-St-Zip: NAPLES, FL 34104

Title:

Name: MCCARTEN, DONALD Address: 24 MONACO TERRACE City-St-Zip: NAPLES, FL 34113

Title:

MCALLISTER, ROBERT Name: Address: **471 ELK CIRCLE** 

City-St-Zip: MARCO ISLAND, FL 34145

Title:

Name: FAULK, KATHLEEN 9041 BRONCO CT. Address: City-St-Zip: NAPLES, FL 34113

Title:

WILSON, JOSEPH Name: 753 PALM VIEW DR. Address: City-St-Zip: NAPLES, FL 34110

Title:

WEISS, MARY LOU Name: Address: 2618 13TH ST. N. NAPLES, FL 34103 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: CHARLES W. MCMAHON

Electronic Signature of Signing Officer or Director

MR.

01/09/2010

Date