

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90805 001 ***122.50


66014653



04212005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0688131

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

DOCUMENT # N95000004460					
1. Entity Name MARINE INDUSTRIES ASSOCIATION OF COLLIER COUNTY FOUNDATION, INC.					
Principal Place of Business 3784 BAYSHORE DR NAPLES, FL 34112			Mailing Address PO BOX 9887 NAPLES, FL 34101		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LYON, LEE E 3784 BAYSHORE DRIVE NAPLES, FL 34112				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, BUTCH		NAME		
STREET ADDRESS	3584-B EXCHANGE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYON, LEE E		NAME		
STREET ADDRESS	P.O. BOX 9989 N/A		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OSBORNE, PHIL		NAME		
STREET ADDRESS	4800 SHEERWATER LANE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SPILKER, CHRISTIAN		NAME	Pres. Randy Ward	
STREET ADDRESS	3584-B EXCHANGE AVENUE		STREET ADDRESS	7827 Berkshire Pines Dr	
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP	Naples, FL 34104	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRUCCI, FRANK		NAME		
STREET ADDRESS	3584-B EXCHANGE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GARLAND, SONIA		NAME	Treasurer Peter Peterson	
STREET ADDRESS	263 CANDY CANE LANE # 5		STREET ADDRESS	909 1st S Blvd #103	
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP	Naples, FL	
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: <i>Peter A. Peterson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date 4-27-05 Daytime Phone # 239-777-4589	