2006 NOT-FOR-PROFIT CORPORATION

Jul 17, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # N95000004460** 07-17-2006 90145 010 ****70.00 MARINE INDUSTRIES ASSOCIATION OF COLLIER COUNTY FOUNDATION, INC. Principal Place of Business Mailing Address 3784 BAYSHORE DR PO BOX 9887 NAPLES, FL 34101 NAPLES, FL 34112 3. Mailing Address Suite, Apt. #, etc. 07112006 Chg-NP CR2E037 (4/06) 4. FEI Number 65-0688131 City & State Applied For Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired <u>ou er</u> Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LYON, LEE E 3784 BAYSHORE DRIVE NAPLES, FL 34112 the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing Make check payable to Filling Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Addition ☐ Change TITLE Delete L Turn MORGAN, BUTCH NAME NAME STREET ADDRESS 3584-B EXCHANGE AVENUE STREET ADDRESS NAPLES, FL 34104 CITY-ST-ZIP CITY-ST-ZIP LLTE D ☐ Delete ☐ Change ■ Addition MILE LYON, LEE E NAME MAME P.O. BOX 8989 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL CITY-ST-ZIP Detete TITLE Change Addition OSBORNE, PHIL NAME NAME STREET ADDRESS 4800 SHEERWATER LANE STREET ADDRESS NAPLES, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition WARD, RANDY NAME NAME STREET ADDRESS 7827 BERKSHIRE PINES DR STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 CITY-ST-ZIP ☐ Delete TITLE C Change ☐ Addition TILE. PERRUCCI, FRANK NAME NAME 3584-B EXCHANGE AVENUE STREET ADDRESS STREET ADDRESS NAPLES, FL 34104 CITY-ST-ZIP CITY-ST-ZIP TITLE () TILE ☐ Delete 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 employered 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 addre

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME"

STREET ADDRESS

PETERSON, PETER

NAPLES, FL 34112

99 10 ST SOUTH #103

FILED