

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 12, 2005
Secretary of State**

DOCUMENT# N98000002566

Entity Name: COLLIER COUNTY COMMUNITY TENNIS ASSOCIATION, INC.

Current Principal Place of Business:

1509 BISCAYNE WAY
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

1509 BISCAYNE WAY
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 31-1639509 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BROWNE, DOUGLAS S
1509 BISCAYNE WAY
MARCO ISLAND, FL 34145 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PROCACCI, ARMAND
Address: 400 VINEYARDS BLVD
City-St-Zip: NAPLES, FL 34119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Delete
Name: SMALL, DOUG
Address: 8700 BAY COLONY DRIVE
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Delete
Name: HOB DEN, BRETT
Address: 1498 PELICAN MARSH BLVD
City-St-Zip: NAPLES, FL 34109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ARMAND PROCACCI

VP

07/12/2005

Electronic Signature of Signing Officer or Director

_____ Date