
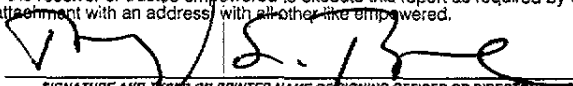


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000002566		
1. Entity Name COLLIER COUNTY COMMUNITY TENNIS ASSOCIATION, INC.		
Principal Place of Business 1509 BISCAYNE WAY MARCO ISLAND, FL 34145	Mailing Address 1509 BISCAYNE WAY MARCO ISLAND, FL 34145	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BROWNE, DOUGLAS S 1509 BISCAYNE WAY MARCO ISLAND, FL 34145		DO NOT WRITE IN THIS SPACE
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 re-instating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PROCACCI, ARMAND 400 VINEYARDS BLVD NAPLES, FL 34119	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMALL, DOUG 8700 BAY COLONY DRIVE NAPLES, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOBDEN, BRETT 1498 PELICAN MARSH BLVD NAPLES, FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/27/2006 <small>Date</small> Daytime Phone # _____ <small>Daytime Phone #</small>



02082006 No Chg-NP CR2E037 (11/05)

4. FEI Number 31-1639509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/13/06-80048-008 61.25