

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90053 005 \*\*\*\*61.25

DOCUMENT # N98000004231

1. Entity Name

NORTH COLLIER INDUSTRIAL CENTER OWNER'S  
ASSOCIATION, INC.



Principal Place of Business

5150 N TAMiami TrL  
#601  
NAPLES FL 34103

Mailing Address

5150 N TAMiami TrL  
#601  
NAPLES FL 34103

2. Principal Place of Business

1035 COLLIER CTR WAY  
Suite, Apt. #, etc.  
#7

3. Mailing Address

1035 COLLIER CTR WAY #7  
Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip  
34110

Country

Zip  
34110

Country

4. FEI Number

65-0866612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~DOWNER, MARLENE~~  
~~5150 N. TAMIAM~~  
~~SUITE 601~~  
~~NAPLES FL 34103~~

7. Name and Address of New Registered Agent

Name **Advanced Property Management**  
Street Address (P.O. Box Number is Not Acceptable)  
**Susan Thompson**  
**1035 Collier Center Way #7**  
City **Naples** **FL** Zip Code **34110**

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

*Susan L. Thompson* **SUSAN L. THOMPSON, AGENT**

**2/2/06**  
DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME **DP**  
STREET ADDRESS **CHAPIN, GREG**  
CITY-ST-ZIP **10353 N TAMiami TrL.  
NAPLES FL 34108**

TITLE ☒ Delete  
NAME **DTS**  
STREET ADDRESS **DOWNER, MARLENE**  
CITY-ST-ZIP **5150 N TAMiami TrL #601  
NAPLES FL 34103**

TITLE ☒ Delete  
NAME **DV**  
STREET ADDRESS **HOLDEMAN, LINDA**  
CITY-ST-ZIP **1284 BELAIRE COURT  
NAPLES FL 34110**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME **Sarah Chapin**  
STREET ADDRESS **1040 Collier Center Way #1**  
CITY-ST-ZIP **naples FL 34110**

TITLE ☐ Change ☐ Addition  
NAME **W.E. Chapin III**  
STREET ADDRESS **1040 Collier Center Way #1**  
CITY-ST-ZIP **Naples, FL 34110**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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:

*Sarah Chapin* **Sarah Chapin**

**1-31-06**