

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000007320

1. Entity Name  
COLLEGE POINTE ASSOCIATION, INC.



Principal Place of Business

2075 W FIRST STREET  
SUITE 300  
FT. MYERS, FL 33901

Mailing Address

2075 W FIRST STREET  
SUITE 300  
FT. MYERS, FL 33901



01172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0887371

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WARREN, WILTSHIRE B JR  
2075 W FIRST STREET  
SUITE 300  
FT. MYERS, FL 33901

**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 this State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

UPC00216521  
02/05/05-80052-014 61.25

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WILTSHIRE, WARREN B JR  
STREET ADDRESS 2075 W. FIRST STREET  
CITY- ST- ZIP FORT MYERS, FL 33901

TITLE VD  
NAME BRINSON, MELVILLE G III  
STREET ADDRESS 12800 UNIVERSITY DRIVE, #600  
CITY- ST- ZIP FORT MYERS, FL 33907

TITLE STD  
NAME EDWARDS, CHARLES B  
STREET ADDRESS 12800 UNIVERSITY DRIVE, #600  
CITY- ST- ZIP FORT MYERS, FL 33907

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-05 239-334-9191