

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

FILED
Jan 25, 2006 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
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01142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0887371	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WARREN, WILTSHIRE B JR 2075 W FIRST STREET SUITE 300 FT. MYERS, FL 33901	

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1000000401723 02/02/06-80055-019 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO WILTSHIRE, WARREN B JR 2075 W. FIRST STREET FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRINSON, MELVILLE G III 12600 UNIVERSITY DRIVE, #600 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EDWARDS, CHARLES B 12600 UNIVERSITY DRIVE, #600 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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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: Warren B. Wiltshire Jr 1-16-06 239-334-9101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #