

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000068784

1. Entity Name
N.C.M. OF COLLIER COUNTY, INC.



Principal Place of Business
5770 SHIRLEY STREET
NAPLES, FL 34109 US

Mailing Address
5770 SHIRLEY STREET
NAPLES, FL 34109 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05032007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0444315

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOOD, DOUGLAS A
1000 TAMiami TRAIL NORTH
#201
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DEL DUCA, MICHAEL
STREET ADDRESS 2101 TARPON ROAD
CITY-ST-ZIP NAPLES, FL 34102

TITLE V ☐ Delete
NAME DEL DUCA, ANTHONY P
STREET ADDRESS 2002 KINGFISH ROAD
CITY-ST-ZIP NAPLES, FL 34102

TITLE V ☐ Delete
NAME MORGAN, STEVE
STREET ADDRESS 9479 CORALEE AVENUE
CITY-ST-ZIP ESTERO, FL 33928

TITLE V ☐ Delete
NAME PENROD, GREG
STREET ADDRESS 154 7TH STREET
CITY-ST-ZIP NAPLES, FL 34113

TITLE V ☐ Delete
NAME DEL DUCA, ANTHONY J
STREET ADDRESS 115 FLAME VINE DRIVE
CITY-ST-ZIP NAPLES, FL 34108

TITLE V ☐ Delete
NAME PLAMONDON, GREG
STREET ADDRESS 4980 RUSTIC OAKS CIRCLE
CITY-ST-ZIP NAPLES, FL 34105

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Change ☒ Addition
NAME Dawn Del Duca
STREET ADDRESS 2101 Tarpon Road
CITY-ST-ZIP Naples, FL 34102

TITLE T ☐ Change ☒ Addition
NAME Shawn Fuentes
STREET ADDRESS 10143 Stern Circle
CITY-ST-ZIP Naples, FL 34109

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700103613537
CITY-ST-ZIP 05/31/07--01036--015 **70.00

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

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

TITLE ☐ Change ☐ Addition
NAME B
STREET ADDRESS 5/23/07
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 607, 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

President

Date

Daytime Phone #

5/10/07 239-566-1601

FILED

07 MAY 15 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

