

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000068784

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

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

5770 SHIRLEY STREET
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

5770 SHIRLEY STREET
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0444315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEL DUCA, MICHAEL
Address: 2101 TARPON ROAD
City-St-Zip: NAPLES, FL 34102

Title: V () Delete
Name: DEL DUCA, ANTHONY P
Address: 2002 KINGFISH ROAD
City-St-Zip: NAPLES, FL 34102

Title: V () Delete
Name: MORGAN, STEVE
Address: 9479 CORALEE AVENUE
City-St-Zip: ESTERO, FL 33928

Title: V () Delete
Name: PENROD, GREG
Address: 154 7TH STREET
City-St-Zip: NAPLES, FL 34113

Title: V () Delete
Name: DEL DUCA, ANTHONY J
Address: 115 FLAME VINE DRIVE
City-St-Zip: NAPLES, FL 34108

Title: V () Delete
Name: PLAMONDON, GREG
Address: 4980 RUSTIC OAKS CIRCLE
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DEL DUCA

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date