2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED DOCUMENT # P96000085858 05 OCT -6 AM II: 45 LIBRA OF COLLIER COUNTY, INC. CECRETALLA, CHATE TALLAH MATE, FLOOR Principal Place of Business Mailing Address 4360 GULF SHORE BLVD N. 5100 ESPLANADE ST. BONITA SPRINGS, FL 34134 #600 NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 09212005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3405456 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMS, CONNIE A 5100 ESPLANADE ST. Street Address (P.O. Box Number is Not Acceptable) BONITA SPRINGS, FL 34134 City Zip Code 8. The above named epity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of egistered agent. Fam familiar with, and accept SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change NAME SIMS, CONNIE NAME 5100 ESPLANADE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34134 CITY-SI-ZIP TITLE **∑** Delete THILE ☐ Change Addition 10/08/05-01050-018 HUNT, LAURIE NAME MAME STREET ADDRESS 1337 SOLANA RD. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP TITLE ☐ Delete TITLE Director ☐ Change ★ Addition Sims, H. Lake 5100 Esplanade Street NAME NAME STREET ADDRESS STREET ADDRESS Bonita Springs, FL 34134 CITY-ST-ZIP CITY-ST-7IP DILE ☐ Delete TOTAL ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attagornment with an address, with all other like empowered. SIGNATURE: G OFFICER OR DIRECTOR Dale Daytime Phone