

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074269

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: COLLIER CENTER WAY DEVELOPMENT, INC.

**Current Principal Place of Business:**

1040 COLLIER CENTER WAY  
STE 1  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1040 COLLIER CENTER WAY  
STE 1  
NAPLES, FL 34110

**New Mailing Address:**

FEI Number: 59-3647324      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONROY, J. THOMAS III  
MORRISON & CONROY, P.A.  
3838 TAMiami TRAIL NORTH, STE. 402  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

SALVATORI, LEO J  
9132 STRADA PLACE  
4TH FLOOR  
NAPLES, FL 34108 US

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: LEO J. SALVATORI

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CHAPIN, W.E. III  
Address: 1040 COLLIER CENTER WAY ST #1  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: CHAPIN, SARAH P  
Address: 1040 COLLIER CENTER WAY ST #1  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: SARAH CHAPIN

D

03/30/2009

Electronic Signature of Signing Officer or Director

Date