

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000011926

**Entity Name:** COLLIER COUNTY WOMEN'S TENNIS ASSOCIATION, INC.**Current Principal Place of Business:**82 CHARDON PLACE  
NAPLES, FL 34110**Current Mailing Address:**P.O. BOX 112530  
NAPLES, FL 34108 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LINDSAY, JOSEPH L  
13180 LIVINGSTON RD STE 206  
NAPLES, FL 34109 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:** LINDSAY, JOSEPH L

02/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                  |                 |                      |
|-----------------|------------------|-----------------|----------------------|
| Title           | PD               | Title           | VD                   |
| Name            | WHARTON, DEE     | Name            | SICILIANO, CHRISTINE |
| Address         | 82 CHARDON PLACE | Address         | 82 CHARDON PLACE     |
| City-State-Zip: | NAPLES FL 34110  | City-State-Zip: | NAPLES FL 34110      |
| <br>            |                  | <br>            |                      |
| Title           | SD               | Title           | TD                   |
| Name            | MEYER, LINDA     | Name            | CHAPPLER, KAREN      |
| Address         | 82 CHARDON PLACE | Address         | 82 CHARDON PLACE     |
| City-State-Zip: | NAPLES FL 34110  | City-State-Zip: | NAPLES FL 34110      |
| <br>            |                  | <br>            |                      |
| Title           | D                |                 |                      |
| Name            | NELSON, MARI     |                 |                      |
| Address         | 82 CHARDON PLACE |                 |                      |
| City-State-Zip: | NAPLES FL 34110  |                 |                      |

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAREN CHAPPLER**TREASURER**

02/27/2023

Electronic Signature of Signing Officer/Director Detail

Date