2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2016
Secretary of State
CC1716370887

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Entity Name: COLLIER ASSOCIATION FOR THE VISUALLY IMPAIRED, INC.

Current Principal Place of Business:

C/O GOLDEN GATE COMMUNITY CENTER
4701 GOLDEN GATE PARKWAY
NAPLES, FL 34116

Current Mailing Address:

C/O GOLDEN GATE COMMUNITY CENTER
4701 GOLDEN GATE PARKWAY
NAPLES, FL 34116 US

FEI Number: 65-0458413

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRUNST, FRED P
5683 STRAND COURT
#4
NAPLES, FL 34110 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: FRED P GRUNST 05/02/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR	Title	TREASURER, DIRECTOR
Name	MCCALLISTER, ROBERT	Name	SIRT, PAULINE
Address	C/O GOLDEN GATE COMMUNITY CENTER 4701 GOLDEN GATE PARKWAY	Address	C/O GOLDEN GATE COMMUNITY CENTER 4701 GOLDEN GATE PARKWAY
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES FL 34116
Title	DIRECTOR	Title	DIRECTOR
Name	WEAVER, ROBERT	Name	ARTHUR, WILLIAM
Address	C/O GOLDEN GATE COMMUNITY CENTER 4701 GOLDEN GATE PARKWAY	Address	C/O GOLDEN GATE COMMUNITY CENTER 4701 GOLDEN GATE PARKWAY
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES 34116
Title	SECRETARY, DIRECTOR	Title	PRESIDENT, DIRECTOR
Name	BASS, RAND	Name	LEHR, NICK
Address	C/O GOLDEN GATE COMMUNITY CENTER 4701 GOLDEN GATE PARKWAY	Address	C/O GOLDEN GATE COMMUNITY CENTER 4701 GOLDEN GATE PARKWAY
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES 34116
Title	VP, DIRECTOR		
Name	FLANHERY, JACK		
Address	C/O GOLDEN GATE COMMUNITY CENTER 4701 GOLDEN GATE PARKWAY		
City-State-Zip:	NAPLES FL 34116		

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: NICK LEHR PRESIDENT 05/02/2016

Electronic Signature of Signing Officer/Director Detail Date