

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90061 033 ***150.00

0455804

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L56855

1. Corporation Name
COLLIER MANAGEMENT SERVICES, INC.

Principal Place of Business
**C/O COLLIER ENTERPRISES
3003 TAMiami TR N
NAPLES FL 34103
US**

Mailing Address
**C/O COLLIER ENTERPRISES
3003 TAMiami TRAIL N
NAPLES FL 34103
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1990

4. FEI Number

65-0177966

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 Suite 400
City & State

27 Suite 400
City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORA, TERRY L
3003 TAMiami TR N
NAPLES FL 33940**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE **PD**
NAME **COLLIER, MILES C**
STREET ADDRESS **3003 TAMiami TRAIL NORTH**
CITY-ST-ZIP **NAPLES FL**

1.1 TITLE **P**
1.2 NAME **Collier, Miles C.**
1.3 STREET ADDRESS **3003 Tamiami Trail North, Suite 400**
1.4 CITY-ST-ZIP **Naples, FL 34103**

TITLE **V**
NAME **TAYLOR, MICHAEL O**
STREET ADDRESS **3003 TAMiami TRAIL N.**
CITY-ST-ZIP **NAPLES FL**

2.1 TITLE **V/D**
2.2 NAME **Birr, Jeffrey M.**
2.3 STREET ADDRESS **3003 Tamiami Trail North, Suite 400**
2.4 CITY-ST-ZIP **Naples, FL 34103**

TITLE **VSD**
NAME **FLORA, TERRY L**
STREET ADDRESS **3003 TAMiami TR N**
CITY-ST-ZIP **NAPLES FL**

3.1 TITLE **V/T**
3.2 NAME **O'Connor, John D.**
3.3 STREET ADDRESS **3003 Tamimai Trail North, Suite 400**
3.4 CITY-ST-ZIP **Naples, FL 34103**

TITLE **V**
NAME **BIRR, JEFFREY M.**
STREET ADDRESS **3003 TAMiami TR N**
CITY-ST-ZIP **NAPLES FL**

4.1 TITLE **AT**
4.2 NAME **Corina, Robert D.**
4.3 STREET ADDRESS **3003 Tamiami Trail North, Suite**
4.4 CITY-ST-ZIP **Naples, FL 34103**

TITLE **VD**
NAME **FLOOD, THOMAS J**
STREET ADDRESS **3003 TAMiami TRAI NORTH**
CITY-ST-ZIP **NAPLES FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **T**
NAME **MASON, CHARLES H.**
STREET ADDRESS **3003 TAMiami TRAIL N.**
CITY-ST-ZIP **NAPLES FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Terry L. Flora **Terry L. Flora**

4/19/99

941-261-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)