FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07902 (2)

1. Corporation Name

THE COLLIER COUNTY ONE HUNDRED CLUB, INC.

Principal Place of Business	Mailing Address
C/O KATHLEENE PASSIDOMO P.O. BOX 8117 NAPLES FL 33941 US	C/O KATHLEENE PASSIDOMO P.O. BOX 8117 NAPLES FL 33941 US

3. Date Incorporated or Qualified: 03/01/1985
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business
21 2640 Golden Gate Parkway
Suite, Apt. #, etc.
22 Suite 315
City & State
23 Naples, FL
Zip 24 33942 Country 25 Collier

2a. Mailing Address
26 2640 Golden Gate Parkway
Suite, Apt. #, etc.
27 Suite 315
City & State
28 Naples, FL
Zip 29 33942 Country 30 Collier

4. FEI Number: 59-2529757 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PASSIDOMO, KATHLEEN C
2640 GOLDEN GATE PARKWAY
SUITE 315
NAPLES FL 33942

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SEITZ, JAMES 4901 TAMIAMI TRAIL N NAPLES FL 33940	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D Horn, Charles 356 Rookery Court Marco Island, FL 33937	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROGERS, LARRY 4901 TAMIAMI TRAIL N. NAPLES FL 33940	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Berry, Donald 11690 Quail Village Way Naples, FL 33999	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D PASSIDOMO, KATHLEEN C P.O. BOX 8117 N/A NAPLES FL 33941	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Kleinpell, Peter 804 Willowwood Lane Naples, FL 33963	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D BERLIN, JOHN 4031 GULF SHORE BLVD N. APT 104 NAPLES FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Oates, Edward J. 635 Palm Circle East Naples, FL 33940	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, SID 801 LAUREL OAK DRIVE NAPLES FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Ross, Patrick C. 191 Seabreeze Avenue Naples, FL 33963	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOTT, GEORGE 3300 GULF SHORE BLVD N. NAPLES FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Saldukas, Lois 4651 Gulf Shore Blvd. No., Apt. 1101 Napels, FL 33940	☐ Change XX Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/3/96 941-261-3453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #