FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90215 010 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07902

1. Entity Name
THE COLLIER COUNTY ONE HUNDRED CLUB, INC.

44044441

Principal Place of Business	Mailing Address
2640 GOLDEN GATE PARKWAY SUITE 305 NAPLES, FL 34105 US	2640 GOLDEN GATE PARKWAY SUITE 305 NAPLES, FL 34105 US

04152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2529757
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PASSIDOMO, KATHLEEN C
2640 GOLDEN GATE PARKWAY
SUITE 305
NAPLES, FL 34105

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PASSIDOMO, KATHLEEN
STREET ADDRESS	2640 GOLDEN GATE PKWY SUITE 305
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	DVP
NAME	HODGES, EARL
STREET ADDRESS	2140 COACH HOUSE LANE
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	DP
NAME	WRAGE, GARY
STREET ADDRESS	1400 NORTH 15TH STREET
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	D
NAME	BERRY, DONALD L
STREET ADDRESS	801 LAUREL OAK DR #306
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D
NAME	STUDE, JOSEPH
STREET ADDRESS	2541 KINGS LAKE BLVD
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	TD
NAME	~~WEINMOR, FRED~~ Weinman, Fred
STREET ADDRESS	4001 N. TAMIAMI TR.
CITY-ST-ZIP	NAPLES, FL 34105

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fred Weinman Fred Weinman 4/29/04 239-498-1193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #