

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90024 048 ****61.25

DOCUMENT # N35605

1. Corporation Name

COLLIER PARK OF COMMERCE OWNERS' ASSOCIATION, IN
C.

Principal Place of Business

3003 TAMiami TRAIL NORTH
NAPLES FL 34103

Mailing Address

3003 TAMiami TRAIL NORTH
NAPLES FL 34103



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 Suite 400

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 Suite 400

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

12/07/1989

4. FEI Number

65-0164995

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

9. Name and Address of Current Registered Agent

FLORA, TERRY L.
3003 TAMiami TRAIL N
STE 400
NAPLES FL 34103

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

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

TITLE SD
NAME UTTER, PATRICK L.
STREET ADDRESS 3003 TAMiami TRAIL N
CITY-ST-ZIP NAPLES FL

TITLE PD ☐ DELETE

NAME BIRR, JEFFREY M
STREET ADDRESS 3003 TAMiami TRAIL N
CITY-ST-ZIP NAPLES FL

TITLE T ☒ DELETE

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

TITLE VD ☐ DELETE

NAME BRUET, MICHAEL J.
STREET ADDRESS 3003 NORTH TAMiami TRAIL
CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE

NAME NAGLE, PATRICIA
STREET ADDRESS 2900 S HORSESHOE DR
CITY-ST-ZIP NAPLES FL

TITLE AT ☒ DELETE

NAME KURTYKA, DEBORAH
STREET ADDRESS 3003 TAMiami TRAIL N
CITY-ST-ZIP NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME O'Connor, John D.
1.2 NAME
1.3 STREET ADDRESS 3003 Tamiami Trail North, #400
1.4 CITY-ST-ZIP Naples, FL 34103

2.1 TITLE ☐ Change ☒ Addition

NAME Corina, Robert D.
2.2 NAME
2.3 STREET ADDRESS 3003 Tamiami Trail North, #400
2.4 CITY-ST-ZIP Naples, FL 34103

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

941-241-4455

Daytime Phone #

CR2E037 (1/98)