

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754366

**Entity Name:** COLLIER MODEL AERONAUTIC CLUB, INC.

**Current Principal Place of Business:**

6541 CHESTNUT CIRCLE  
NAPLES, FL 34109

**Current Mailing Address:**

PO BOX 990697  
NAPLES, FL 34116 US

**FEI Number: 29-7384215**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PETERMANN, MICHAEL  
6541 CHESTNUT CIRCLE  
NAPLES, FL 34109 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: MICHAEL PETERMANN**

**01/29/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MACMORRIS, CLIFFORD  
Address        249 MEADOWLARK CT  
City-State-Zip: MARCO ISLAND FL 34145

Title            VP  
Name            WEINBERG, GARY  
Address        239 SHADOWRIDGE CT  
City-State-Zip: MARCO ISLAND FL 34145

Title            TREASURER  
Name            PETERMANN, MICHAEL  
Address        6541 CHESTNUT CIRCLE  
City-State-Zip: NAPLES FL 34109

Title            BOD  
Name            GILLIGAN, JAMES J  
Address        510 MANGROVE COURT  
City-State-Zip: MARCO ISLAND FL 34145

Title            BOD  
Name            BOXWELL, CHARLES W  
Address        831 94TH AVE N  
City-State-Zip: NAPLES FL 34108

Title            BOD  
Name            SWEET, SCOTT  
Address        6624 NEW HAVEN CIR  
City-State-Zip: NAPLES FL 34109

Title            BOD  
Name            CHMIEL, CLIFF  
Address        2160 HARBOR LN  
City-State-Zip: NAPLES FL 34104

Title            BOD  
Name            KELLER, CHARLES T  
Address        6580 #1 BEACH RESORT DR  
City-State-Zip: NAPLES FL 34114

**Continues on page 2**

*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: MICHAEL PETERMANN**

**TREASURER**

**01/29/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            BOD  
Name            BECKER, ROBERT J  
Address        239 GROSBEAK LN  
City-State-Zip: NAPLES FL 34114