

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L56855

Entity Name: COLLIER MANAGEMENT SERVICES, INC.**Current Principal Place of Business:**2550 GOODLETTE RD. N., #100
NAPLES, FL 34103**Current Mailing Address:**2550 GOODLETTE RD. N., #100
NAPLES, FL 34103 US**FEI Number:** 65-0177966**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORINA, ROBERT D
2550 GOODLETTE RD. N., #100
NAPLES, FL 34103 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR, VP, SECRETARY, TREASURER
Name	CORINA, ROBERT
Address	2550 GOODLETTE RD. N., #100
City-State-Zip:	NAPLES FL 34103

Title	VP
Name	SPIPKER, CHRISTIAN
Address	2550 GOODLETTE RD. N., #100
City-State-Zip:	NAPLES FL 34103

Title	VP
Name	UTTER, PATRICK
Address	2550 GOODLETTE RD. N., #100
City-State-Zip:	NAPLES FL 34103

Title	DIRECTOR, PRESIDENT
Name	HUFFNER, DONALD JR.
Address	2550 GOODLETTE RD. N., #100
City-State-Zip:	NAPLES FL 34103

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT D. CORINA

VICE PRESIDENT

04/15/2019

Electronic Signature of Signing Officer/Director Detail_____
Date