## 2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L56855

Entity Name: COLLIER MANAGEMENT SERVICES, INC.

**FILED** Aug 12, 2020 **Secretary of State** 7439900018CC

Date

## **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:

Date Electronic Signature of Registered Agent

Officer/Director Detail :

Title PRESIDENT, SECRETARY,

TREASURER

CORINA, ROBERT Name

2550 GOODLETTE RD. N., #100 Address

City-State-Zip: NAPLES FL 34103

VΡ Title

Name SPILKER, CHRISTIAN

2550 GOODLETTE RD. N., #100 Address

City-State-Zip: NAPLES FL 34103

Title **DIRECTOR** 

Name ZUNDEL, ROBERT C. JR.

Address 2550 GOODLETTE RD. N., #100

City-State-Zip: NAPLES FL 34103

Title

VΡ Name UTTER, PATRICK

Address 2550 GOODLETTE RD. N., #100

City-State-Zip: NAPLES FL 34103

Title DIRECTOR

Name WALTON, ROBERT

Address 2550 GOODLETTE RD. N., #100

NAPLES FL 34103 City-State-Zip:

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.

08/12/2020 SIGNATURE: ROBERT D. CORINA **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail