

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070655

Entity Name: BARRON COLLIER CORPORATION

Current Principal Place of Business:

2600 GOLDEN GATE PARKWAY
NAPLES, FL 34105-3227

Current Mailing Address:

2600 GOLDEN GATE PARKWAY
NAPLES, FL 34105-3227

FEI Number: 20-0104023

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOAZ, BRADLEY A
2600 GOLDEN GATE PARKWAY
NAPLES, FL 34105-3227 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 P/D
Name COLLIER, BARRON III
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105-3227

Title VP/D
Name SPROUL, KATHERINE G
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105-3227

Title VP/D
Name GABLE, R. BLAKESLEE
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105-3227

Title VP
Name BAIRD, DOUGLAS E
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title V/S/T/RA
Name BOAZ, BRADLEY A
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name VILLERE, LAMAR G
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105-3227

Title DIRECTOR
Name ALDEN, PHYLLIS G
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105-3227

Title DIRECTOR
Name KUNDE, CHELSEA
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105-3227

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

SIGNATURE: BRADLEY A BOAZ

V/S/T/RA

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name GOGUEN, BRIAN
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105-3227