

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000185495

Entity Name: BARRON COLLIER MANAGEMENT, LLC**Current Principal Place of Business:**2600 GOLDEN GATE PARKWAY
NAPLES, FL 34105**Current Mailing Address:**2600 GOLDEN GATE PARKWAY
NAPLES, FL 34105**FEI Number:** 47-2505176**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPROUL, KATHERINE G
2600 GOLDEN GATE PARKWAY
NAPLES, FL 34105 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

Authorized Person(s) Detail :

Title DIRECTOR
Name SPROUL, JULIET A
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

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

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

Title DIRECTOR
Name CLEMENS, PHILLIP
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name CECIL, JACK
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name SENKBEIL, THOMAS
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title DIRECTOR, CHAIRMAN
Name COLLIER, BARRON G III
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title PRESIDENT
Name SPROUL, KATHERINE G
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARRON G. COLLIER, III

C/D

04/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title PRESIDENT
Name GABLE, BLAKE
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

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

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

Title CFO
Name BOAZ, BRADLEY A
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105