

**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