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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90061 030 \*\*\*150.00

DOCUMENT # 152227

1. Corporation Name

COLLIER DEVELOPMENT CORPORATION

Principal Place of Business  
3003 NORTH TAMiami TRAIL  
NAPLES FL 34103  
US

Mailing Address  
3003 NORTH TAMiami TRAIL  
NAPLES FL 34103  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1947

4. FEI Number

59-0581693

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 Suite 400

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite 400

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

FLORA, TERRY L  
3003 TAMiami TRAIL N.  
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD ☐ DELETE

NAME COLLIER, MILES C

STREET ADDRESS 3003 N. TAMiami TR.

CITY-ST-ZIP NAPLES FL

TITLE V ☐ DELETE

NAME BIRR, JEFFREY M

STREET ADDRESS 3002 N. TAMiami TRAIL N.

CITY-ST-ZIP NAPLES FL

TITLE VS ☐ DELETE

NAME FLORA, TERRY L

STREET ADDRESS 3003 N TAMiami TRAIL

CITY-ST-ZIP NAPLES, FL 00000

TITLE T ☒ DELETE

NAME MASON, CHARLES H

STREET ADDRESS 3003 TAMiami TRAIL NORTH

CITY-ST-ZIP NAPLES, FL 00000

TITLE D ☒ DELETE

NAME READ, ISABEL C

STREET ADDRESS 3003 N TAMiami TRAIL

CITY-ST-ZIP NAPLES, FL 00000

TITLE D ☒ DELETE

NAME COLLIER, BARRON G., II

STREET ADDRESS 3003 N TAMiami TRAIL

CITY-ST-ZIP NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Collier, Miles C

1.3 STREET ADDRESS 3003 Tamiami Trail North, Suite 400

1.4 CITY-ST-ZIP Naples, FL 34103

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Burr, Jeffrey M.

2.3 STREET ADDRESS 3003 Tamiami Trail North, Suite 400

2.4 CITY-ST-ZIP Naples, FL 34103

3.1 TITLE VSD ☒ Change ☐ Addition

3.2 NAME Flora, Terry L.

3.3 STREET ADDRESS 3003 Tamiami Trail North, Suite 400

3.4 CITY-ST-ZIP Naples, FL 34103

4.1 TITLE VT ☐ Change ☒ Addition

4.2 NAME O'Connor, John D.

4.3 STREET ADDRESS 3003 Tamiami Trail North, Suite 400

4.4 CITY-ST-ZIP Naples, FL 34103

5.1 TITLE AT ☐ Change ☒ Addition

5.2 NAME Corina, Robert D.

5.3 STREET ADDRESS 3003 Tamiami Trail North, Suite 400

5.4 CITY-ST-ZIP Naples, FL 34103

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/99

941-241-4455

CR2E034 (11/98)

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