

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90034 031 \*\*\*150.00

DOCUMENT # 347830

1. Corporation Name

FLORIDA HOMES OF COLLIER, INC.

Principal Place of Business

2329 CR 951  
NAPLES FL 34116  
US

Mailing Address

2329 CR 951  
NAPLES FL 34116  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1969

4. FEI Number

59-1274195

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 4736 Golden Gate Pkwy.

2a. Mailing Address

26 4736 Golden Gate Pkwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite E

27 Suite E

City & State

City & State

23 Naples, FL

28 Naples, FL

Zip Country

Zip Country

24 34116

25 USA

29 34116

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHMAELING, GEORGE A  
2091 44TH TERRACE SOUTHWEST  
NAPLES FL 33999

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
P  
SCHMAELING, GEORGE A  
STREET ADDRESS  
2091 44TH TERRACE S.W.  
CITY-ST-ZIP  
NAPLES FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
ST  
SCHMAELING, BETTY J  
STREET ADDRESS  
2091 44TH TERRACE S.W.  
CITY-ST-ZIP  
NAPLES FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
V  
RODGERS, DEBBIE A  
STREET ADDRESS  
5254 19TH AVENUE S.W.  
CITY-ST-ZIP  
NAPLES FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED

4/29/99

941-455-3108

Date

Daytime Phone #

CR2E034 (1/98)

0464241