

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90999 019 ***150.00

DOCUMENT # 347830

1. Entity Name
FLORIDA HOMES OF COLLIER, INC.



Principal Place of Business
4736 GOLDEN GATE PKWY.
STE E
NAPLES FL 34116
US

Mailing Address
4736 GOLDEN GATE PKWY.
STE E
NAPLES FL 34116
US

2. Principal Place of Business

3. Mailing Address

4075 Pine Ridge Rd. Ext.

4075 Pine Ridge Rd. Ext.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4

Suite 4

City & State

City & State

Naples, FL

Naples, FL

Zip

Zip

34119

Country

US

34119

Country

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMAELING, GEORGE M
4420 19TH AVENUE SW
NAPLES FL 34116

Name

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

530 15TH ST. S.W.

City

Naples

FL

Zip Code
34117

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

George M. Schmaeling

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-04

FILE NOW!! FEE IS \$150.00

After May 1, 2004, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCHMAELING, GEORGE M
4420 19TH AVENUE SW
NAPLES FL 34116 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
530 15TH ST SW
NAPLES, FL 34117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
VONDERAU, DAVID M
16 FIRST STREET
BONITA SPRINGS FL 34134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
2091 44th Terr. S.W.
Naples, Fla. 34116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David M. Vonderau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04

Date

239-455-3108

Daytime Phone #