

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713439** (8)
1. Corporation Name
THE COLLIER FOUNDATION, INC.



Principal Place of Business 3001 NORTH TAMIMI TRAIL STE 207 NAPLES FL 33940 US	Mailing Address 3001 NORTH TAMIMI TRAIL STE 207 NAPLES FL 33940 US
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3. Date Incorporated or Qualified 10/10/1967
4. FEI Number 59-0163703
Applied For <input type="checkbox"/>
Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 34103	Country 25
Zip 29 34103	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
TEGMEYER, SUSETTE L. 2001 TAMIMI TRAIL NORTH STE 207 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, MILES C	1.2 NAME	
STREET ADDRESS	3001 NORTH TAMIMI TRAIL, STE 207	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	READ, ISABEL COLLIER	2.2 NAME	
STREET ADDRESS	3001 NORTH TAMIMI TRAIL, STE 207	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, BARRON G., II	3.2 NAME	
STREET ADDRESS	3001 NORTH TAMIMI TRAIL, STE 207	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEGMEYER, SUSETTE L.	4.2 NAME	Treasurer
STREET ADDRESS	3001 NORTH TAMIMI TRAIL NORTH, STE 207	4.3 STREET ADDRESS	Susette L. Tegmeyer
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	3001 Tamiami Trail N., #207 Naples, FL 34103
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Secretary
STREET ADDRESS		5.3 STREET ADDRESS	Joseph I. Perkovich
CITY-ST-ZIP		5.4 CITY-ST-ZIP	3001 Tamiami Trail N., #207 Naples, FL 34103
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **1/9/98** DAYTIME PHONE # **941-435-1122**

CR2E037 (10/97)