


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90028 031 \*\*\*\*61.25

**DOCUMENT # 713439**

1. Entity Name  
**THE COLLIER FOUNDATION, INC.**



Principal Place of Business      Mailing Address

**801 LAUREL OAK DRIVE  
 SUITE 618  
 NAPLES FL 34108  
 US**

**801 LAUREL OAK DRIVE  
 SUITE 618  
 NAPLES FL 34108  
 US**



2. Principal Place of Business      3. Mailing Address

**8889 Pelican Bay Blvd.**      **8889 Pelican Bay Blvd**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**403**      **403**

1st MOORE      CR2E037 (10/05)

City & State      City & State

**NAPLES FL**      **NAPLES FL**

4. FEI Number      Applied For

**59-0163703**      Not Applicable

Zip      Country      Zip      Country

**34108 COLLIER**      **34108 COLLIER**

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**POLK, SAMUEL S  
 801 LAUREL OAK DR SUITE 618  
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

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

**8889 Pelican Bay Blvd. # 403**

City      State      Zip Code

**NAPLES FL 34108**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLIER, MILES C 801 LAUREL OAK DR SUITE 618 NAPLES FL 34108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD READ, ISABEL COLLIER 801 LAUREL OAK DR SUITE 618 NAPLES FL 34108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COLLIER, BARRON G., II 801 LAUREL OAK DR SUITE 618 NAPLES FL 34108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEGMEYER, SUSETTE L. 801 LAUREL OAK DR SUITE 618 NAPLES FL 34108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POLK, SAMUEL S 801 LAUREL OAK DR SUITE 618 NAPLES FL 34108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8889 Pelican Bay Blvd. #403</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8889 Pelican Bay Blvd. #403</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8889 PELICAN BAY BLVD #403</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8889 Pelican Bay Blvd. #403</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8889 Pelican Bay Blvd. #403</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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: *Susette L. Tegmeyer* Susette L. Tegmeyer 01-30-06 (239)596-2233