

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

801 LAUREL OAK DRIVE
SUITE 618
NAPLES FL 34108
US

Mailing Address

801 LAUREL OAK DRIVE
SUITE 618
NAPLES FL 34108
US



2. Principal Place of Business

8889 Pelican Bay Blvd.
Suite, Apt. #, etc.
403

3. Mailing Address

8889 Pelican Bay Blvd
Suite, Apt. #, etc.
403

1st MOORE

CR2E037 (10/05)

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-0163703

Applied For

Not Applicable

Zip

34108

Country

COLLIER

Zip

34108

Country

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

NAPLES

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete
NAME COLLIER, MILES C
STREET ADDRESS 801 LAUREL OAK DR SUITE 618
CITY-ST-ZIP NAPLES FL 34108

TITLE PD ☐ Delete
NAME READ, ISABEL COLLIER
STREET ADDRESS 801 LAUREL OAK DR SUITE 618
CITY-ST-ZIP NAPLES FL 34108

TITLE DV ☐ Delete
NAME COLLIER, BARRON G., II
STREET ADDRESS 801 LAUREL OAK DR SUITE 618
CITY-ST-ZIP NAPLES FL 34108

TITLE T ☐ Delete
NAME TEGTMEYER, SUSETTE L.
STREET ADDRESS 801 LAUREL OAK DR SUITE 618
CITY-ST-ZIP NAPLES FL 34108

TITLE S ☐ Delete
NAME POLK, SAMUEL S
STREET ADDRESS 801 LAUREL OAK DR SUITE 618
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8889 Pelican Bay Blvd. #403
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8889 Pelican Bay Blvd. #403
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8889 PELICAN BAY BLVD #403
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8889 Pelican Bay Blvd. #403
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8889 Pelican Bay Blvd. #403
CITY-ST-ZIP

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

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. Tegtmeier* Susette L. Tegtmeier 01-30-06 (239)596-2233