


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # 713439
 1. Entity Name
THE COLLIER FOUNDATION, INC.



Principal Place of Business 8889 PELICAN BAY BLVD SUITE 403 NAPLES, FL 34108 US	Mailing Address 8889 PELICAN BAY BLVD SUITE 403 NAPLES, FL 34108 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0163703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLK, SAMUEL S
 8889 PELICAN BAY BLVD
 STE. 403
 NAPLES, FL 34108

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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COLLIER, MILES C 8889 PELICAN BAY BLVD., #403 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD READ, ISABEL COLLIER 8889 PELICAN BAY BLVD., #403 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV COLLIER, BARRON G., II 8889 PELICAN BAY BLVD., #403 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TEGMEYER, SUSETTE L. 8889 PELICAN BAY BLVD., #403 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S POLK, SAMUEL S 8889 PELICAN BAY BLVD., #403 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/26/07-80061-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Samuel S. Polk Date: 1/15/07 Daytime Phone #: 279. 596-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR