

**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**



01042007 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

11000000601723  
01/26/07-80061-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07

Date

279.  
596-2277

Daytime Phone #