## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

ECONOMIC DEVELOPMENT COUNCIL OF COLLIER COUNTY,

INC.								
Principal Place of Business Mailing Address - Same						- THE PROPERTY OF THE PROPERTY		
3000 BAILEY CANE 3080 N. Horsestuc Sto BAILEY LANE STE- 2182 NAPLES FL 33912 Naples FL 18912								
					3. Date Incorporated or Qualified			
					08/04/1976			
) NS 3		U <del>3</del> -			4. FEI Number		Applied For	
L	34104	T-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-			59-1695679		Not Applicable	
2. Principal Bidge of Business 21 3050 N. Horseshoe De 28					5. Certificate of Status Desired		B.75 Additional Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing	\$1	5.00 May Be	
27 3/11/2					Trust Fund Contribution		dded to Fees	
City & State					7. Is this nonprofit corporation a homeowners association?  Yes Young			
Zip 2161	Country	Zip	Country	1	8. This corporation owes or has pa	aid the current y	ear Intangible	
24 341			30		Personal Property Tax due June	e 30. 🔲 Ye:	s 🔲 No	
	9. Name and Address of Current	Registered Agent			<ol><li>Name and Address of New Re</li></ol>	agistered Agen	t	
İ			81	Name	SAME			
Pareigis, Susan				82 Street Address (P.O. Box Number Is Not Acceptable)				
3200 BAILEY LANE			02	3110017	Address (F.O. Box Number is Not Acceptal	DI <b>e)</b>		
SUITE 1			83			<del>*</del>		
NAPLES FL 33942								
1000 000	11 00042		84	City		FL 85	Zip Code	
11 Purcuant	to the provisions of Sections 617 0602	and 617 1500. Elecide Statute	- the she	<u> </u>				
i diika-err	BOISTREAC ROBALL OF DOID IN THE STREET	TERMINA SUCH CHANNA WAS AL	IIIDARIZAA N	v trae corn	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose or char of the appointm	iging its registered ient as registered	
agent. La	m familiar with, and accept the obligati	ons of, Section 617.0503, Flor	ida Statute	s.				
SIGNATURE								
12.	Signature, typod or printed name of registored agent			ent signature r	required when reinstating)	DATE		
TOLE	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE			
1	<del>-</del>		1.1 TITLE		Jeffrey Fridkin, Direct	for Lic	Change Addition	
NAME	PASSIDOMO, JOHN		1.2 NAME	1	Grant Fridkin, I Marson	1	-	
STREET ADDRESS	821 5TH AVE S		1.3 STREET	ADDRESS	5551 RIBSENESS UTIVE			
CITY-ST-ZIP	NAPLES FL		1.4 City-S	iT-ZIP	Naples PC. 34108			
TITLE	ED	DELETE :			Richard Botthot Chair	man 🗆 c	hange X Addition	
NAME	Pareigis, Susan		2.2 NAME		First Union Mational R	ank	•	
STREET ADDRESS	3200 BAILEY LANE 162		2.3 STREET	ADDRESS	6801 Pelican Bay Blyd	•		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-5	ST-ZIP	Naples F1. 34108			
TITLE	D	DELETE	3.1 TITLE		· · · · · · · · · · · · · · · · ·	Πċ	hange	
NAME	LOSKILL, JIM	<b>/</b> \	3.2 NAME					
STREET ADDRESS	796 5TH AVE S		3.3 STREET	ADDRESS				
CITY-ST-ZIP	NAPLES FL					•		
TITLE	INVELOTE	DELETE	3.4. CITY-1	51-ZIP			hanne Addition	
11166							AND I BOULDER	

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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

2/6/98

941)263-8989

**FILED** 

Feb 16 1998 8:00am

Secretary of State

Addition