

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756132 (7)
1. Corporation Name
COLLIER BUILDING CONDOMINIUM OF MARCO, INC.



Principal Place of Business
**267 NORTH COLLIER BLVD
#103
MARCO ISLAND FL 33937
US**

Mailing Address
**C/O KILIAN M. BAYER
807 BLUEBONNET CT.
MARCO ISLAND FL 33937**

3. Date Incorporated or Qualified **01/30/1981** 3a. Date of Last Report **02/08/1995**

2. Principal Place of Business
21 267 NORTH COLLIER BLVD.

2a. Mailing Address
26 267 NORTH COLLIER BLVD.

Suite, Apt. #, etc.
22 # 104

Suite, Apt. #, etc.
27 # 104

City & State
23 MARCO ISLAND, FLORIDA

City & State
28 MARCO ISLAND, FLORIDA

Zip
24 33937

Country
25 COLLIER

Zip
29 33937

Country
30 COLLIER

4. FEI Number
59-2393139

Applied For
☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BAYER, KILIAN M.
807 BLUEBONNET CT.
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

81 Name SUSAN BAYER ORR

82 Street Address (P.O. Box Number is Not Acceptable) 267 NORTH COLLIER BLVD.

83 SUITE # 104

84 City MARCO ISLAND FL 85 Zip Code 33937

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Susan Bayer Orr **SUSAN BAYER ORR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 11, 1996

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KILLIAN, BAYER	
STREET ADDRESS	807 BLUEBONNET COURT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHIELDS, JAMES	
STREET ADDRESS	190 BRAMPTON LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WERNER, SCHAARSCHMIDT	
STREET ADDRESS	130 LAMPLIGHTER DR	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PICCIRILLI, MICHAEL	
STREET ADDRESS	235 S BAHAMA AVE	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CADDELL, DAVID	
STREET ADDRESS	840 SOUTH COLLIER BLVD #502	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Killian Bayer **(Killian Bayer)** **4-11-96 (941-394-2471)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)