

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90086 030 ****61.25

DOCUMENT # 756132

1. Corporation Name

Collier Building Condominium
OF Marco, Inc.

Principal Place of Business

Mailing Address

267 North Collier Blvd.
Marco Island, FL 34145
c/o Susan Orr
2057 17th St. SW
Naples, FL 34117

2. Principal Place of Business

21 267 N. Collier Blvd

Suite, Apt. #, etc.

22 #104

City & State

23 Marco Island

Zip

24 FL

Country

25 Collier

Country

2a. Mailing Address

26 267 N. Collier Blvd.

Suite, Apt. #, etc.

27 #104

City & State

28 Marco Island FL

Zip

29 34145

Country

30

3. Date Incorporated or Qualified

01-30-81

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Orr, Susan Bayer
2057 17th Street SW
Naples, FL 34117

81 Name

Orr, Susan Bayer

82 Street Address (P.O. Box Number is Not Acceptable)

2057 17th Street SW

83

84 City

Naples

FL

85 Zip Code

34117

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

4-23-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME Bayer, Thilo
STREET ADDRESS 267 N. Collier Blvd. #104
CITY-ST-ZIP Marco Island, FL 34145

TITLE STD ☐ DELETE
NAME Piccirilli, Michael
STREET ADDRESS 235 S. Bahama Ave.
CITY-ST-ZIP Marco Island, FL 34145

TITLE D ☐ DELETE
NAME Schaarschmidt, Werner
STREET ADDRESS 130 Lamplighter Drive
CITY-ST-ZIP Marco Island, FL 34145

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thilo Bayer
President

4/27/99

394 6446

Date

Daytime Phone #

CR2E037 (1/98)