2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 756132 1. Entity Name **FILED** Jul 24, 2008 08:00 AM COLLIER BUILDING CONDOMINIUM OF MARCO, INC. **Secretary of State** Principal Place of Business Mailing Address 267 NORTH COLLIER BLVD 2057 17TH ST SW #104 NAPLES FL 34117 MARCO ISLAND FL 33937 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State -City & State 4. FEI Number Applied For 59-2393139 Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUSAN BAYER ORR Street Address (P.O. Box Number is Not Acceptable) 2057 17TH STREET SW NAPLES FL 34117 City Zip Code 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 repistered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) CATE PARTINE PARTIES cal chartitheo FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TiTLE Delete TITLE ☐ Change BAYER, THILO NAME NAME 267 N COLLIER BLVD #104 STREET ADORESS STREET ADDRESS U00000356241 07/24/08-80004-020 61.25 MARCO ISLAND FL 34145 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition PICCIRILLI, MICHAEL NAME NAME 330 COLONIAL AVE. STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change MeitibbA [] BAKER, GERALD. NAME STREET ADDRESS 267 N COLLIER BLVD, G-203 STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7:P

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

elofan

7/21/08

(239) 455-5593