

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 # 757536

(8)

1. Corporation Name

COLLIER GOLF AUTHORITY, INC.



Principal Place of Business

9471 SUMMER PLACE
NAPLES FL 33942

Mailing Address

9471 SUMMER PLACE
NAPLES FL 33942

3. Date Incorporated or Qualified

04/13/1981

3a. Date of Last Report

06/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2102127

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

10. Name and Address of New Registered Agent

GLASS, ARNOLD L
9471 SUMMER PLACE
NAPLES FL 33942

81 Name

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

83

84 City

FL

85 Zip Code

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

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
NAME BREEDEN, JACK C.
STREET ADDRESS 512 10TH AVENUE SOUTH
CITY-ST-ZIP NAPLES FL

☐ DELETE

1.1 TITLE D
1.2 NAME Rollie R. Rice
1.3 STREET ADDRESS 2433 COACH HOUSE LANE
1.4 CITY-ST-ZIP NAPLES, FL 33942

☐ Change

☒ Addition

TITLE DST
NAME GLASS, SANDRA L.
STREET ADDRESS 9471 SUMMER PL
CITY-ST-ZIP NAPLES FL

☐ DELETE

2.1 TITLE D
2.2 NAME DAVID K. JOHNSON
2.3 STREET ADDRESS 5305 FOXHOUND DRIVE
2.4 CITY-ST-ZIP NAPLES, FL 33962

☐ Change

☒ Addition

TITLE MC
NAME GLASS, ARNOLD LEE
STREET ADDRESS 9471 SUMMER PL
CITY-ST-ZIP NAPLES FL

☐ DELETE

3.1 TITLE D
3.2 NAME J. BLAN TAYLOR
3.3 STREET ADDRESS 2222 AIRPORT ROAD SO., SUITE 101
3.4 CITY-ST-ZIP NAPLES, FL 33962

☐ Change

☒ Addition

TITLE D
NAME WILLIAMS, WES
STREET ADDRESS 2673 COACH HOUSE LN
CITY-ST-ZIP NAPLES FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 1110 WATERSEDGE CIRCLE
4.4 CITY-ST-ZIP N. FT. MYERS, FL 33917

☒ Change

☐ Addition

TITLE D
NAME TAYLOR, J. BLAN
STREET ADDRESS 3174 EAST TAMiami TRAIL
CITY-ST-ZIP NAPLES FL

☐ DELETE

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

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change

☐ Addition

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: Sandra L. Glass SANDRA L. GLASS 4-21-96 941-566-8414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)