## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT #

759250

(4)

## COLLIER BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address					<del></del>		i Bilit Billi bii	III DIOH DIOU B	HOLD BLOCK (DO)
1152 EDINGTON PLACE 1152 EDINGTON PLACE MARCO ISLAND FL 33937 MARCO ISLAND FL 3414									
						3. Date Incorporated or Qualified 07/21/1981	3a. Da	te of Last Re 01/31/19	9port <b>96</b>
2. Principal P	lace of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number 65-0382041		Ap	plied For
21		26				05-0302041	<del></del>		t Applicable
Suite, Apt.	#, €IC.	ļ, ·	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State	e		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	<b>├</b> ─┐	ountry	,	8. This corporation has liability for			199.032,
24 25 29 30  9. Name and Address of Current Registered Agent			30			Florida Statutes  10. Name and Address of New R	Yes L		
	9, Hallie Brita Addition	or Content Hegistered Age		81	Name	IO, Italino and Addies of How II	- Sieroien -	- Solit	
CUNNINGHAM, DONALD T				90	Chro ch A de	leans (D.C. Boy Murpher in Net Appende	bles		<u></u>
1152 EDINGTON PLACE				82	Street Add	Iress (P.O. Box Number is Not Accepta	DI <del>B</del> )		
MARCO ISLAND FL 33937				83					
				84	City			85 Zip (	Code
44 5	to the control of the control	- 647 0500 - 4 047 4500	Tarida Otta da aba			poration submits this statement for the	<u> </u>		
office or r	registered agent, or both, i	in the State of Florida, Such of	change was authori.	zed by	the corpora	poration submits this statement for the ition's board of directors. I hereby acce	purpose or pt the app	changing it ointment as	s registered registered
_	im familiar with, and accep	ot the obligations of, Section	617.0503, Florida S	tatute:	ŝ.				
SIGNATURE	Signature, typed or printed name of	registered agent and title if applicable	(NOTE Registe	ered Age	ent signature requ	ired when reinstating)	DATE		
12.		ICERS AND DIRECTORS	1.	3.		ADDITIONS/CHANGES TO OFF	CERS AND		
TITLE	PTD	-	DELETE 1.	TITLE	•			☐ Change	Addition
NAME	DUNNINGHAM, DOI			NAME					
STREET ADDRESS	1152 EDINGTON PL	and the second s			ADDRESS				
CITY-ST-ZIP TITLE	MARCO ISLAND FL VD			CITY-S	31 - ZIP			Change	Addition
NAME	CUNNINGHAM, JAN	_		NAME	[		1	. Ondrige	
STREET ADDRESS	1152 EDINGTON PI				ADDRESS	•			
CITY-SY-ZIP	MARCO ISLAND FL		1	4 CITY-					
TITLE	SD			TITLE	<u> </u>			Change	Addition
NAME	CUNNINGHAM, JAN	NET L.	3.3	NAME			•		
STREET ADDRESS	1152 EDDINGTON I		3.3	STREET	ADDRESS				
CITY - S1 - ZIP	MARCO ISLAND FL			L CITY-	ST-ZIP			<del></del>	
TITLE		L		TITLE				Change	Addition
NAME				2 NAME		,			*
STREET ADDRESS					ADDRESS	and the second second		·	
CITY - ST - ZIP TITLE		T		CITY-S	51 - ZIP			Change	Addition
NAME		-		NAME				- million	bard r-learning!
STREET ADDRESS					ADDRESS .		-		
CITY-ST-ZIP				CITY-S	i i	可能性质 医自己性	•	1	
TITLE				TITLE				Change	Addition
NAME			6.0	2 NAME		4			
STREET ADDRESS			6.3	3 STREE1	ADDRESS		•		
	I				[				

14. I do 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.