FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 7:17

TALLAHASSEE, FLORIDA

DOCUMENT # **764377** **(8)**

1. Corporation Name

COLLIER COUNTY PRODUCTION PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1100 5TH AVE., SOUTH STE. 201 NAPLES FL 33940	1100 5TH AVE., SOUTH STE. 201 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/30/1982**
3a. Date of Last Report: **02/08/1994**
4. FEI Number: **65-0161244** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
Zip (24) / County (25)	Zip (29) / County (30)	8. This corporation has liability for taxation under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAINES, TIMOTHY G.
3174 EAST TAMIAMI TRAIL
NAPLES FL 33962

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature of new registered agent and title, if applicable — NOTE: Registered Agent's signature required when changed

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	CONROY, JOHN T., JR	12 NAME	
STREET ADDRESS	3255 TAMIAMI TRAIL NORTH	13 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP	
TITLE	PSD	21 TITLE	☐ Change ☐ Addition
NAME	PICKEL, GARY	22 NAME	
STREET ADDRESS	1100 5TH AVE.S., STE.201	23 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	VTD ☑ Change ☐ Addition
NAME	WANKLYN, JOHN	32 NAME	
STREET ADDRESS	~~5820 N. FED. HWY, STE. B~~	33 STREET ADDRESS	1100 5TH AVE SO. #201
CITY ST ZIP	~~BOCA RATON FL~~	34 CITY ST ZIP	NAPLES, FL 33940
TITLE	~~T.~~	41 TITLE	☐ Change ☐ Addition
NAME	~~JOHNSON, W.J.~~	42 NAME	delete
STREET ADDRESS	~~5820 N. FED. HWY, SUITE B~~	43 STREET ADDRESS	
CITY ST ZIP	~~BOCA RATON FL~~	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 X in Block.

SIGNATURE: John A. Wanklyn — 5/1/95 — 813-649-5445
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN A. WANKLYN

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