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FILED

Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H21518

(6)

1. Corporation Name  
COLLIER MANAGEMENT COMPANY, INC.

Principal Place of Business

C/O DENNIS S. GOLD, ESQUIRE  
2335 TAMiami TRAIL NORTH, SUITE 301  
NAPLES FL 33940

Mailing Address

C/O DENNIS S. GOLD, ESQUIRE  
2335 TAMiami TRAIL NORTH, SUITE 301  
NAPLES FL 34103-4485

3. Date Incorporated or Qualified  
09/18/1984

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 c/o Dennis S. Gold, Esq.

Suite Apt. #, etc.

22 2335 Tamiami Trail No., #301

23 City & State  
Naples, FL

24 Zip  
34103

25 Country  
USA

2a. Mailing Address

26 c/o Dennis S. Gold, Esq.

Suite Apt. #, etc.

27 2335 Tamiami Trail No., #301

28 City & State  
Naples, FL

29 Zip  
34103

30 Country  
USA

4. FEI Number

59-2446220

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

GOLD, DENNIS S., ESQUIRE  
2335 TAMiami TRAIL NORTH  
SUITE 301  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name  
Dennis S. Gold, Esq.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2335 Tamiami Trail No., Suite 301  
83  
84 City  
Naples FL 85 Zip Code  
34103

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:

Signature of officer, director, or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GRESSER, M.C.	
STREET ADDRESS	2335 TAMiami TRAIL, N #301	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRESSER, JOAN	
STREET ADDRESS	2335 TAMiami TRAIL, N #301	
CITY - ST - ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 its predecessor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as indicated, or on an attachment with an address.

SIGNATURE:

M. C. Gresser

2/17/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034 (9/96)