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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 31 AM 8:16

DOCUMENT # J24167 (5)

1. Corporation Name:

COLLIER HOMES, INC.

Principal Place of Business

Mailing Address

2169 TRADE CENTER WAY
NAPLES FL 33942

2169 TRADE CENTER WAY
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1986

3a. Date of Last Report

04/20/1994

2. Principal Place of Business

2a. Mailing Address

21 230 29th St. N.W.

26 230 29th St. N.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Naples FL

28 Naples FL

24 City

25 County

29 City

30 County

33964

Collier

33964

Collier

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NUREMBERG, THOMAS M.
4896 SHEARWATER LANE
NAPLES FL 33999

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

(Signature, typed or printed name of registered agent or of the incorporator)

(NOTE: Incorporated Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	NUREMBERG, THOMAS M.
STREET ADDRESS	4896 SHEARWATER LANE
CITY, ST, ZIP	NAPLES FL
TITLE	V
NAME	WHITE, ROBERT C
STREET ADDRESS	561 11TH NW
CITY, ST, ZIP	NAPLES FL
TITLE	V
NAME	MITTLEMAN, STEVEN W.
STREET ADDRESS	2710 FOUNTAIN VIEW CIR #101
CITY, ST, ZIP	NAPLES FL
TITLE	ST
NAME	SCHWAB, DARLA, J
STREET ADDRESS	230 29TH ST. N.W.
CITY, ST, ZIP	NAPLES FL
TITLE	V
NAME	NUREMBERG, DORIS A
STREET ADDRESS	4896 SHEARWATER LN
CITY, ST, ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Darla J. Schwab

Darla J. Schwab

5-26-95

813-591-3105