

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008643

FILED
Apr 27, 2006
Secretary of State

Entity Name: HR COLLIER, INC.

Current Principal Place of Business:

PO BOX 110593
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

PO BOX 110593
NAPLES, FL 34108

New Mailing Address:

FEI Number: 75-3210079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, DAMIAN C
COLEMAN HAZZARD & TAYLOR, P.A.
2640 GOLDEN GATE PARKWAY, SUITE 304
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: TAYLOR, DAMIAN C
Address: 2640 GOLDEN GATE PKWY, #304
City-St-Zip: NAPLES, FL 34105 US

Title: PE () Change (X) Addition
Name: PAVLICK, CHERYL P.ELECT
Address: 5450 YMCA RD.
City-St-Zip: NAPLES, FL 34109 US

Title: VP () Change (X) Addition
Name: CASE, PATRICIA
Address: 4760 TAMiami TRAIL N., #25
City-St-Zip: NAPLES, FL 34103 US

Title: VP () Change (X) Addition
Name: WATSON, ALLISON
Address: 2655 NORTH BROOK DR
City-St-Zip: NAPLES, FL 34119 US

Title: T () Change (X) Addition
Name: ANDERSON, CATHY
Address: 720 GOODLETTE RD. N., #500
City-St-Zip: NAPLES, FL 34102 US

Title: S () Change (X) Addition
Name: MASTERS, JOANNE
Address: 14810 FRIPP ISLAND COURT
City-St-Zip: NAPLES, FL 34119 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAMIAN C. TAYLOR

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date