2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# N05000008643

Entity Name: HR COLLIER, INC.

Current Principal Place of Business:

4760 TAMIAMI TRAIL NO
25
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:

CASE, PATRICIA A
CASE BENEFIT CONSULTANTS
4760 TAMIAMI TRAIL NORTH #25
NAPLES, FL 34103 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: P ( ) Delete
Name: CASE, PATRICIA A
Address: 4760 TAMIAMI TRAIL NORTH STE. 25
City-St-Zip: NAPLES, FL 34103 US

Title: PE ( ) Delete
Name: GUHNE, MARGIE P.ELECT
Address: 1885 VETERNAS PARK DRIVE
City-St-Zip: NAPLES, FL 34109 US

Title: VP ( ) Delete
Name: READ, TAMMY MEMBERS
Address: 5833 PELICAN BAY BLVD
City-St-Zip: NAPLES, FL 34108 US

Title: VP ( ) Delete
Name: OSLIN, GLENDA PROGRAM
Address: 2210 VANDERBILT BEACH ROAD
City-St-Zip: NAPLES, FL 34109 US

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

Title: S ( ) Delete
Name: PHELPS, KATHY
Address: 400 8TH STREET
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA A CASE P 04/08/2008

Electronic Signature of Signing Officer or Director — Date