

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008643

FILED
Jan 13, 2012
Secretary of State

Entity Name: HR COLLIER, INC.

Current Principal Place of Business:

5551 RIDGEWOOD DRIVE
#101
NAPLES, FL 341082718 US

New Principal Place of Business:

2057 ISLA DE PALMA CIRCLE
NAPLES, FL 34119 US

Current Mailing Address:

P. O. BOX 110593
NAPLES, FL 34108 US

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:

GARRARD, AMY
5551 RIDGEWOOD DRIVE
#101
NAPLES, FL 341082718 US

Name and Address of New Registered Agent:

SODEIKA, AISTE
2057 ISLA DE PALMA CIRCLE
NAPLES, FL 34119 US

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: AISTE SODEIKA

01/13/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SODEIKA, AISTE PRES
Address: 2057 ISLA DE PALMA CIRCLE
City-St-Zip: NAPLES, FL 34119 US

Title: PE
Name: MEINERS, MARK P.ELECT
Address: 3073 HORSESHOE DRIVE SOUTH, SUITE 210
City-St-Zip: NAPLES, FL 34104 US

Title: VP
Name: WISSOCKI, JOAN MEMBERS
Address: 5508 WHITTEN DRIVE
City-St-Zip: NAPLES, FL 34104 US

Title: T
Name: SAMUELSON, KIMBERLY TREASUR
Address: 9450 CORKSCREW PALMS CIRCLE #202
City-St-Zip: ESTERO, FL 33928 US

Title: S
Name: LYBERG, AMY SECRETA
Address: 3303 TAMIAAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34112 US

I hereby 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 all other like empowered.

SIGNATURE: AISTE SODEIKA

PRES

01/13/2012

Electronic Signature of Signing Officer or Director

Date