# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2008 8:00 am**
**Secretary of State**
05-01-2008 90225 037 ****61.25

DOCUMENT # N07000002708

1. Entity Name
COLLIER HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1600 SAWGRASS CORPORATE PKWY., SUITE ~~300~~ 230<br>SUNRISE, FL 33323 | 1600 SAWGRASS CORPORATE PKWY., SUITE ~~300~~ 230<br>SUNRISE, FL 33323 |

04092008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. Suite 230 | Suite, Apt. #, etc. Suite 230 |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 20-8642816 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HELFMAN, STEVEN M<br>1600 SAWGRASS CORPORATE PKWY., SUITE ~~300~~ 230<br>SUNRISE, FL 33323 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 4/27/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DEPLAZA, MARCIE<br>1600 SAWGRASS CORPORATE PKWY., SUITE 300<br>SUNRISE, FL 33323 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>1600 SAWGRASS CORP PKWY, SUITE 230<br>Sunrise, FL 33323 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>FANT, ALAN<br>1600 SAWGRASS CORPORATE PKWY., SUITE 300<br>SUNRISE, FL 33323 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>1600 SAWGRASS CORP PKWY, SUITE 230<br>Sunrise, FL 33323 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>MENENDEZ, N. MARIA<br>1600 SAWGRASS CORPORATE PKWY., SUITE 300<br>SUNRISE, FL 33323 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>1600 SAWGRASS CORP PKWY, SUITE 230<br>SUNRISE, FL 33323 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ N. MARIA MENENDEZ, VICE PRESIDENT 4/28/08 954-753-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #