FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08055 (8)

1. Corporation Name

FORUM CLUB OF COLLIER COUNTY, INC.

Principal Place of Business	Mailing Address
C/O JOANNE RAINEY 788 WILLOW BROOK DR., #509 NAPLES FL 33963	C/O JOANNE RAINEY 788 WILLOW BROOK DR., #509 NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1985
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2492184 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RAINEY, JOANNE
788 WILLOW BROOK DR.
NAPLES FL 33963

10. Name and Address of New Registered Agent

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 Joanne Rainey
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PAST PRESIDENT / DIRECTOR	☑ Change ☐ Addition
NAME	PASSIDOMO, JOHN M	12 NAME		
STREET ADDRESS	2200 SOUTHWINDS DR	13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	PRESIDENT/ DIRECTOR	☑ Change ☐ Addition
NAME	YORK, DONALD J	22 NAME		
STREET ADDRESS	154 AMBLEWOOD LN.	23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	VICE PRESIDENT/ DIRECTOR	☐ Change ☑ Addition
NAME	SINCLAIR, WILLIAM C.	32 NAME	RAY MUELLER	
STREET ADDRESS	664 DORANDO COURT	33 STREET ADDRESS	4601 GULF SHORE BLVD. N	
CITY-ST-ZIP	MARCO ISLAND FL	34 CITY-ST-ZIP	NAPLES FL 33940	
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	WYANT, CORBIN A	42 NAME		
STREET ADDRESS	320 BOWLINE DR.	43 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	GIRARDIN, CAROL	52 NAME		
STREET ADDRESS	693 HICKORY ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP		
TITLE	MD	61 TITLE		☐ Change ☐ Addition
NAME	RAINEY, JOANNE	62 NAME		
STREET ADDRESS	788 WILLOW BROOK DR.	63 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	64 CITY-ST-ZIP		

5/23

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John E [illegible] 4/21/95 (813) 566-1981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041840