

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009483

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** COLLIER VAULTERS CLUB INC.

**Current Principal Place of Business:**

6489 AUTUMN WOODS BLVD  
NAPLES, FL 34109

**New Principal Place of Business:**

6489 AUTUMN WOODS BLVD.  
NAPLES, FL 34109

**Current Mailing Address:**

6489 AUTUMN WOODS BLVD  
NAPLES, FL 34109

**New Mailing Address:**

6489 AUTUMN WOODS BLVD.  
NAPLES, FL 34109

**FEI Number:** 80-0485558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALYORE, MICHAEL S  
6489 AUTUMN WOODS BLVD  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

CALYORE, MICHAEL  
6489 AUTUMN WOODS BLVD.  
NAPLES,, FL 34109 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: MICHAEL CALYORE

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CALYORE, MICHAEL  
Address: 6489 AUTUMN WOODS BLVD  
City-St-Zip: NAPLES, FL 34109

Title: VP  
Name: LAURIE, SAURBIER  
Address: 8055 VERA CRUZ  
City-St-Zip: NAPLES, FL 34109

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: MICHAEL CALYORE

D

04/25/2011

Electronic Signature of Signing Officer or Director

Date