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Jun 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21662** (4)

1. Corporation Name

**THE COLLIER ATHLETIC MANAGEMENT COMPANY INCORPORATED**



Principal Place of Business

Mailing Address

**710 N GOODLETTE RD  
NAPLES FL 34102  
US**

**P.O. BOX 8808  
NAPLES FL 34101-8808**

3. Date Incorporated or Qualified  
**07/22/1987**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

4. FEI Number

**59-2733518**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

23

City & State

City & State

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

**CARRAHER, JOSEPH F JR  
2237 POINCIANA ST.  
NAPLES FL 33942**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **GISSELBECK, PETER**  
STREET ADDRESS **2108 LAQUINA WAY**  
CITY-ST-ZIP **NAPLES FL**

TITLE **V** ☒ DELETE

NAME **MOSCHEL, MICHAEL**  
STREET ADDRESS **27692 HICKORY BLVD**  
CITY-ST-ZIP **BONITA BEACH FL**

TITLE **J** ☒ DELETE

NAME **ALLEN, WILLIAM C.**  
STREET ADDRESS **4651 GULF SHORE BLVD N**  
CITY-ST-ZIP **NAPLES FL**

TITLE **SD** ☒ DELETE

NAME **FRIDKIN, JEFFREY**  
STREET ADDRESS **6057 SEASHELL AVE**  
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE

NAME **ALLEN, WILLIAM C**  
STREET ADDRESS **4651 GULF SHORE BLVD N**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D - PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **MOSCHEL, MICHAEL**  
1.3 STREET ADDRESS **27692 HICKORY BLVD.**  
1.4 CITY-ST-ZIP **BONITA BEACH FL.**

2.1 TITLE **D - VICE PRESIDENT** ☒ Change ☐ Addition

2.2 NAME **ALLEN, WILLIAM C.**  
2.3 STREET ADDRESS **4651 GULF SHORE BLVD, N.**  
2.4 CITY-ST-ZIP **NAPLES FL.**

3.1 TITLE **D - SECRETARY/TREASURER** ☒ Change ☒ Addition

3.2 NAME **HORNBECK, HUNTLEY**  
3.3 STREET ADDRESS **5039 SEASHELL AVE.**  
3.4 CITY-ST-ZIP **NAPLES FL.**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **SAFIR AS CHAIRMAN**  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)