


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N21662**  
1. Corporation Name

**COLLIER ATHLETIC MANAGEMENT CO., INC.**

Principal Place of Business	Mailing Address
<b>710 N. GOODLETTE RD. NAPLES, FL 34102</b>	<b>P.O. BOX 8808 NAPLES, FL 34101</b>

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

3. Date Incorporated or Qualified	Applied For
<b>7/22/1987</b>	<input type="checkbox"/> Not Applicable
4. FEI Number	
<b>59-2733518</b>	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	<b>DAN EDENFIELD</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>P.O. BOX 8808 702 LAMBDON LN.</b>
83	
84 City	<b>NAPLES FL FL 34104</b>

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

**6/29/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P BUNNELL, JAY</b>	1.2 NAME	
STREET ADDRESS	<b>1610 NORTHGATE DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL 34106</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V SPAHR, STEPHAN</b>	2.2 NAME	
STREET ADDRESS	<b>286 SPRINGLINE DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T RILEY, STEPHANIE</b>	3.2 NAME	
STREET ADDRESS	<b>330 HAWSER LN.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SB GAMBLE, BARBARA</b>	4.2 NAME	
STREET ADDRESS	<b>740 BANYAN BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ALLEN, WILLIAM C.</b>	5.2 NAME	
STREET ADDRESS	<b>4651 GULF SHORE BLVD.</b>	5.3 STREET ADDRESS	<b>700002598677</b>
CITY-ST-ZIP	<b>NAPLES, FL</b>	5.4 CITY-ST-ZIP	<b>-07/27/98--01002--026</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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. 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:

**Jay Bunnell - President**

**6/10/98**

CR2E037 (10/97)