

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02-233199990030007 ***61.25

DOCUMENT # N21662

1. Corporation Name
THE COLLIER ATHLETIC MANAGEMENT COMPANY INCORPORATED

Principal Place of Business: 710 N GOODLETTE RD, NAPLES FL 34102, US
Mailing Address: P.O. BOX 6808, NAPLES FL 33941



21. Principal Place of Business	22. Mailing Address	3. Date Incorporated or Qualified
21 Suits, Apt. #, etc.	22 Suits, Apt. #, etc.	3 07/22/1987
23 City & State	27 City & State	4. FEI Number
23 Zip	27 Zip	4 59-2733518
24 Country	29 Country	5. Certificate of Status Desired
24	29	5 <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution
9 EDENFIELD, DAN 702 LAMBTON LN. NAPLES FL 34104		6 <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
9 EDENFIELD, DAN 702 LAMBTON LN. NAPLES FL 34104		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNNELL, JAY	1.2 NAME	BUNNELL, JAY
STREET ADDRESS	1510 NORTHGATE DR.	1.3 STREET ADDRESS	1510 NORTHGATE DR.
CITY-ST-ZIP	NAPLES FL 34105	1.4 CITY-ST-ZIP	NAPLES, FL. 34105
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, WILLIAM C	2.2 NAME	STEPHEN SPAHR
STREET ADDRESS	4651 GULF SHORE BLVD N	2.3 STREET ADDRESS	286 SPRINGLINE DRIVE
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FL. 34102
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, STEPHANIE	3.2 NAME	RILEY, STEPHANIE
STREET ADDRESS	330 HAWSER LN.	3.3 STREET ADDRESS	330 HAWSER LANE
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	NAPLES, FL 34102
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLE, BARBARA	4.2 NAME	GAMBLE, BARBARA
STREET ADDRESS	740 BANYAN BLVD.	4.3 STREET ADDRESS	740 BANYAN BLVD.
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	NAPLES, FL. 34102
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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; 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, with all other like empowered.

SIGNATURE: BARBARA GAMBLE DATE: _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)