
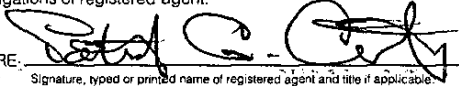


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90172 018 ****61.25

DOCUMENT # N21662			
1. Entity Name COLLIER ATHLETIC CLUB, INC.			
Principal Place of Business 710 GOODLETTE ROAD NORTH NAPLES, FL 34102 US		Mailing Address 710 GOODLETTE ROAD NORTH NAPLES, FL 34102 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04232004		Chg-NP	CR2E037 (10/03)
4. FEI Number 59-2733518		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAKH, IVAN C/O COLLIER ATHLETIC CLUB, INC. 710 GOODLETTE ROAD NORTH NAPLES, FL 34102		Name <u>Patrick Gretz</u> Street Address (P.O. Box Number is Not Acceptable) <u>(same)</u> City <u>FL</u> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		Manager <u>4-23-04</u>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD FREEDMAN, DEBBIE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS 683 RUDDER ROAD	NAME	
STREET ADDRESS	CITY-ST-ZIP NAPLES, FL 34102	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD WINGARD, DONALD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS 130 11TH AVENUE SOUTH	NAME	
STREET ADDRESS	CITY-ST-ZIP NAPLES, FL 34102	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DV O'NEILL, WILLIAM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS 263 RIDGE DR	NAME	
STREET ADDRESS	CITY-ST-ZIP NAPLES, FL 34108	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD DELANDER, DAVID <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS 4255 GULFSHORE BLVD. N. #401	NAME	
STREET ADDRESS	CITY-ST-ZIP NAPLES, FL 34103	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Debbie Freedman</u>		Date <u>4.23.04</u> Daytime Phone # <u>2392632566</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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