

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21662

FILED
Apr 27, 2009
Secretary of State

Entity Name: COLLIER ATHLETIC CLUB, INC.

Current Principal Place of Business:

710 GOODLETTE ROAD NORTH
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

710 GOODLETTE ROAD NORTH
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-2733518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUSE, WILLIAM F
C/O COLLIER ATHLETIC CLUB, INC.
710 GOODLETTE ROAD NORTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HALLE, HENRY
Address: 2885 GULFSHORE BLVD, #301
City-St-Zip: NAPLES, FL 34102

Title: DIR () Delete
Name: ELLIS, ROBERT
Address: 3553 GORDON DRIVE
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: BALL, DAVID
Address: 1655 3RD ST S
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: LIVINGSTON, EDWARD
Address: 963 TRAIL TERRACE DR
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HALLE, HENRY
Address: 2885 GULFSHORE BLVD, #301
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: BALL, DAVID
Address: 1655 3RD ST S
City-St-Zip: NAPLES, FL 34102

Title: DIR (X) Change () Addition
Name: LIVINGSTON, EDWARD
Address: 963 TRAIL TERRACE DR
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. DAVID BALL

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date