

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90011 046 ****61.25

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DOCUMENT # N29298

1. Corporation Name

COLLIER COUNTY LOAN CONSORTIUM, INC.

Principal Place of Business

3838 TAMiami TRAIL N.
NAPLES FL 34103
US

Mailing Address

3838 TAMiami TRAIL N.
NAPLES FL 34103
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/15/1988

4. FEI Number

65-0150050

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

9. Name and Address of Current Registered Agent

PHILLIPS, SANDRA
27975 OLD 41 ROAD
BONITA SPRINGS FL 34135

10. Name and Address of New Registered Agent

81 Name Dennis G. Monos

82 Street Address (P.O. Box Number is Not Acceptable)
400 East 6th Street

83

84 City Lehigh Acres

FL

85 Zip Code
33972

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 *Dennis G. Monos*

Dennis G. Monos, Treasurer

April 16, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME NEWMAN, LINDA
STREET ADDRESS 3838 TAMiami TRAIL N.
CITY-ST-ZIP NAPLES FL 34103

TITLE VP
NAME MEROLLA, NANCY
STREET ADDRESS 1800 CORPORATE BLVD NW STE 200
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D
NAME PHILLIPS, SANDRA
STREET ADDRESS 27975 OLD 41 ROAD
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE D
NAME MARTIN, LAUREN
STREET ADDRESS 4852 TAMiami TRAIL N.
CITY-ST-ZIP NAPLES FL 34103

TITLE D
NAME BREEDON, GEORGE
STREET ADDRESS 5801 PELICAN BAY BLVD
CITY-ST-ZIP NAPLES FL 34108

TITLE P
NAME HAFENBRACK, NANCY
STREET ADDRESS 900 GOODLETTE ROAD N.
CITY-ST-ZIP NAPLES FL 34101

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME T.
3.3 STREET ADDRESS Dennis Monos
3.4 CITY-ST-ZIP 3838 Tamiami Trail N.
Naples, FL 34103

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D.
4.3 STREET ADDRESS Marty Lawton
4.4 CITY-ST-ZIP 4901 Tamiami Trail N
Naples, FL 34103

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME P.
6.3 STREET ADDRESS Brian Hafenbrack
6.4 CITY-ST-ZIP 900 Goodlette Road, N.
Naples, FL 34101

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: *Dennis G. Monos* SIGNATURE REQUIRED Dennis G. Monos, Treasurer 4-16-99(941)403-5123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)