

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
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90136 048 ****61.25

DOCUMENT # N94000004532

1. Corporation Name

FRIENDS OF PARKS OF COLLIER COUNTY, INC.

Principal Place of Business
3300 SANTA BARBARA BLVD.
NAPLES FL 33999

Mailing Address
3300 SANTA BARBARA BLVD.
NAPLES FL 33999



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/14/1994

4. FEI Number

NOT APPLICABLE

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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

3/18/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GUOKAS, DESIREE
STREET ADDRESS 5921 12TH AVE SW
CITY-ST-ZIP NAPLES FL 34116

TITLE D ☐ DELETE

NAME MARA, SUE
STREET ADDRESS 223 WILLOWICK DR
CITY-ST-ZIP NAPLES FL 34110

TITLE D ☐ DELETE

NAME MARKHAM, NANCY
STREET ADDRESS 4580 EAGLE KEY CIR
CITY-ST-ZIP NAPLES FL 34112

TITLE D ☐ DELETE

NAME PEFFERS, STEVE
STREET ADDRESS 981 12TH AVENUE NE
CITY-ST-ZIP NAPLES FL 34120

TITLE D ☐ DELETE

NAME REID, WARD
STREET ADDRESS 845 SOUTH COLLIER BOULEVARD
CITY-ST-ZIP MARCO ISLAND FL 33937

TITLE D ☐ DELETE

NAME HUFFOR, MARK
STREET ADDRESS 299 S HEATHWOOD DR
CITY-ST-ZIP MARCO ISLAND FL 34145

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

6.3 STREET ADDRESS

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:

SIGNATURE REQUIRED

3/8/99

Date

941 353 0404

Daytime Phone #

CR2E037 (1/1/98)