FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1996	. /	CORPORATIONS		
·	on name	0001031 (2)			
THE C	COLLIER FLYING CLUB, INC	•			••••
Principal Plac	e of Business	Mailing Address			88 88 88
6673 WELLINGTON DRIVE 6673 WELLINGTON DRIVE			rE		
NAPLES FL	33942	NAPLES FL 33942			
				 Date Incorporated or Qualified 03/01/1995 	3a. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	- 	N/A
21		26		65-0584005	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Hequired
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible yax under s. 199.032,
24	25 9. Name and Address of Curren	29 t Registered Agent	30	Florida Statutes 10. Name and Address of New Re	Yes No
			81 Name	TO. Traine and Address of New A	eðisteren Agent
VANDER HEYDEN, THOMAS L			82 Street Add	ress (P.O. Box Number is Not Acceptable	۵
	ELLINGTON DRIVE			To the second the second	9
NAPLES	6 FL 33942		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statutes	s, the above-named corpor	ration submits this statement for the purp rd of directors. I hereby accept the appo	Sose of changing its registered office
or registe familia.€w	ired agent, or both, in the State of Floric ith, and accept the obligations of, Secti	la. Such change was authorize on 6 17.0503, Florida Statutes.	d by the corporation's boa	rd of directors. I hereby accept the eppo	intment as registered agent. I am
SIGNATURE	Signature, typed of dripted frame of registered apent	ankerol		d when reinstating) MBR (a	1, 1996
12.	Signafüre, typed of printed frame of registered agent OFFICERS ANI		E: Registered Agent signature require 13.	d when reinstating) ADDITIONS/CHANGES 10 OFFIC	
TITLE	₽	DELETE	1.1 TITLE	A CONTROL OF BUILDING	Change Addition
NAME	Thomas L. Vander I	leyden	1.2 NAME		
STREET ADDRESS	8673 Wellington Di Naples, FL 33942	· •	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	23	DELETE	1.4 CITY-ST-ZIP		
NAME	Norman Dary		2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	60 No. 10th St.		2.3 STREET ADDRESS		
CITY-ST-ZIP	Naples, FL 33940		2 4 CITY-ST-ZIP		
MLE	DITerry R. Vander h		3.1 TITLE		☐ Change ☐ Addition
NAME SZOSSZ ADODEGO	,4060 No. Tamiami 1	hr.	3.2 NAME		
STREET ADORESS CITY-ST-ZIP	Naples, FL 33940		3.3 STREET ADDRESS		
TITLE		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME	·	_	4. 2 NAME		Change Applicat
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		P-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	70000176	530 trange Addition
NAME STREET ADDRESS			5.2 NAME .	04/01/960111	13~-022
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	***61.25	
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		52
STREET ADDRESS			6 3 STREET ADDRESS		- Zj.[]
14. I do hereb	v certify that the information supplied w	ith this filing is valuntarily furnish	6.4 CiTY-ST-ZiP	or the exemption stated in Continue 440.00	7/0///\ Flavida O.A

To hereby earnly that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an anyatyschment with an address.

SIGNATURE:

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

MAR 12, 1996

941-597-1842