

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002662 (3)

1. Corporation Name

COLLIER RECREATION, INC.



Principal Place of Business

15150 NW GAINESVILLE ROAD
REDDICK FL 32686

Mailing Address

POST OFFICE BOX 699
REDDICK FL 32686

3. Date Incorporated or Qualified

05/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number

☒ 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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAMUEL, PHILLIP II
15150 NW GAINESVILLE ROAD
REDDICK FL 32686

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

Phillip Samuel II

Phillip Samuel II

4-25-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
NAM	d	Freddie Gorman	10021 W. Hwy 318	
STR			Reddick FL 32686	
CITY				
TITLE	d	Jimmy Williams	16140 N. 441	<input type="checkbox"/> DELETE
NAM			Reddick FL 32686	
STR				
CITY				
TITLE	d	Charles Mc Davis	PO Box 195 (N/A)	<input type="checkbox"/> DELETE
NAM			Orange Lake FL 32681	
STR				
CITY				
TITLE	d	Nadine Stokes	PO Box 314 (N/A)	<input type="checkbox"/> DELETE
NAM			Reddick FL 32686	
STR				
CITY				
TITLE	d	Res. Allan Walters	PO Box 133 (N/A)	<input type="checkbox"/> DELETE
NAM			Reddick FL 32686	
STR				
CITY				
TITLE				<input type="checkbox"/> DELETE
NAM				
STR				
CITY				

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Director	D. A. Greenwood	P. O. Box 276 (N/A)	
			Reddick FL 32686	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am an officer or director of the corporation or the receiver execute this report as required by Chapter 617, Florida Statutes; and that my name that my name appears in Block 12 or Block 13 if changed, or on an attachment with

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 352-591-1459

Date

Daytime Phone #

CR2E037 (12/95)