

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 # N95000004349 (5)

1. Corporation Name

COLLIER COUNTY 10-13 CLUB, INC.



Principal Place of Business

Mailing Address

1104 N. COLLIER BLVD.
MARCO ISLAND FL 33937

1104 N. COLLIER BLVD.
MARCO ISLAND FL 33937

3. Date Incorporated or Qualified
09/07/1995

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

30

33969

4. FEI Number

65-0631692

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

GREUSEL, JAMIE B
1104 N. COLLIER BLVD.
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name

ROBERT MAXWELL

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

1062 UNIT #104 HARTLEY AVE

84 City

MARCO ISLAND

FL

85 Zip Code

33937

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

Jamie Greusel

Robert Maxwell

4/30/96

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 D DELETE
NAME MAGEE, VINCENT
STREET ADDRESS 868 SOLANA CT.
CITY-ST-ZIP MARCO ISLAND FL 33937

TITLE D DELETE
NAME CAPOBIANCO, PAUL
STREET ADDRESS 3511 23RD AVE. SW
CITY-ST-ZIP NAPLES FL 33964

TITLE D DELETE
NAME CULLEN, PETER
STREET ADDRESS 853 TANBARK DR., ALT. 205
CITY-ST-ZIP NAPLES FL 33963

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 TREASURER Change Addition
3.2 NAME RANDOLPH SCHIMMENTI
3.3 STREET ADDRESS 210 PALMETTO DUNES CIR
3.4 CITY-ST-ZIP NAPLES FLORIDA 33962

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 900001829769
5.3 STREET ADDRESS -05/20/96 --01055--021
5.4 CITY-ST-ZIP ***61.25

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 on an attachment with an address.

SIGNATURE:

R. Schimmenti

R. Schimmenti

4/30/96

775-4437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)