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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

P.O. BOX 1832  
MARCO ISLAND FL 34148-1832

3. Date incorporated or Qualified  
09/07/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0631692

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 P.O. BOX 1013  
Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State  
MARCO ISLAND FLORIDA

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country  
34146 Collier

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAXWELL, ROBERT  
1062 UNIT #104 HARTLEY AVE.  
MARCO ISLAND FL 33937

81 Name FRED APRIO  
82 Street Address (P.O. Box Number is Not Acceptable)  
1611 BEGONIA Ct.  
83  
84 City MARCO ISLAND FL 85 Zip Code 34145

11. Pursuant to the provisions of Sections 617.0503 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]*

FRED APRIO

2/18/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE VICE PRES D  Change  Addition  
1.2 NAME WILLIAM BUTTERWORTH  
1.3 STREET ADDRESS 7702 ROBBIE CREEK CR # 301  
1.4 CITY-ST-ZIP NAPLES FLORIDA 34108

TITLE D  DELETE  
NAME CAPOBIANCO, PAUL  
STREET ADDRESS 3511 23RD AVE. SW  
CITY-ST-ZIP NAPLES FL 33984

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

TITLE T  DELETE  
NAME SCHIMMENTI, RANDOLPH  
STREET ADDRESS 210 PALMETTO DUNES CIR  
CITY-ST-ZIP NAPLES FL 33982

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do 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 in an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0060695

CR2E037 (9/96)