

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 06, 1999 8:00 am  
Secretary of State

07-06-1999 90001 022 \*\*\*\*61.25

0054171

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000588 ✓

1. Corporation Name

COLLIER PARKWAY MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

1150 CLEVELAND STREET  
SUITE 300  
CLEARWATER FL 34621-5

Mailing Address

1150 CLEVELAND STREET  
SUITE 300  
CLEARWATER FL 34621-5



2. Principal Place of Business

21 7001 Temple Terrace Hwy

Suite, Apt. #, etc.

22 Temple Terrace, FL

City & State

23 Tampa, FL

24 Zip 33637

Country

25 Hills

2a. Mailing Address

26 7001 Temple Terrace Hwy

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

29 Zip 33637

Country

30 Hills

3. Date Incorporated or Qualified

02/02/1996

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

STROHAUER, GARY N  
1150 CLEVELAND STREET  
SUITE 300  
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name Douglas C. Roland  
Brickleyver Smolker & Bolves, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)  
500 E Kennedy Blvd #200

83

84 City Tampa

FL

85 Zip Code 33602-4825

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]*

4/5/99

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	BURCAW, FREDERICK H	
STREET ADDRESS	% SCARBOROUGH DRIVE AT S.R. 54	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ABBOTT, EDWIN R	
STREET ADDRESS	% SCARBOROUGH DRIVE AT S.R. 54	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ZICH, JONATHAN	
STREET ADDRESS	2790 GOLF TO BAY BLVD. BLDG D	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard Neff	
1.3 STREET ADDRESS	16057 Tampa Palms Blvd W #399	
1.4 CITY-ST-ZIP	Tampa, FL 33647	
2.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Randy Braden	
2.3 STREET ADDRESS	3300-Henderson Blvd #105	
2.4 CITY-ST-ZIP	Tampa, FL 33609	
3.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ed Andrews	
3.3 STREET ADDRESS	7402 N. 56th Street #480	
3.4 CITY-ST-ZIP	Tampa, FL 33617	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of the corporation and am 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Neff 409/980-1000  
Date Daytime Phone #

CR2E037 (11/98)