

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004429

FILED  
Jan 21, 2008  
Secretary of State

**Entity Name:** COLLIER PLACE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

3452 WILLISTON LOOP  
LAND O LAKES, FL 34639 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1995  
LAND O LAKES, FL 34639 US

**New Mailing Address:**

**FEI Number:** 59-3483137

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKRODZKI, RICHARD  
3452 WILLISTON LOOP  
LAND O LAKES, FL 34639 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SKRODZKI, RICHARD  
Address: 3452 WILLISTON LOOP  
City-St-Zip: LAND O LAKES, FL 34639

Title: STD ( ) Delete  
Name: STAUT, JOAN  
Address: 3506 WILLISTOON LOOP  
City-St-Zip: LAND O LAKES, FL 34639

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN STAUT

STD

01/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date