

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-06-1999 90038 007 ****61.25

DOCUMENT # N98000002566

1. Corporation Name

COLLIER COUNTY COMMUNITY TENNIS ASSOCIATION, INC

Principal Place of Business

4501 TAMiami TRAIL NORTH #400
NAPLES FL 34103

Mailing Address

4501 TAMiami TRAIL NORTH #400
NAPLES FL 34103



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

05/05/1998

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUCKEL, ROBERT M
4501 TAMiami TRAIL NORTH #400
NAPLES FL 34103

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

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 ☐ DELETE

NAME LEWIS, LARRY
STREET ADDRESS 4501 TAMiami TRAIL NORTH #400
CITY-ST-ZIP NAPLES FL 34103

TITLE VD ☐ DELETE

NAME TOWNSEND, KELLY
STREET ADDRESS 4501 TAMiami TRAIL NORTH #400
CITY-ST-ZIP NAPLES FL 34103

TITLE SD ☒ DELETE

NAME CURRAN, KEVIN
STREET ADDRESS 4501 TAMiami TRAIL NORTH #400
CITY-ST-ZIP NAPLES FL 34103

TITLE TD ☒ DELETE

NAME GLASSMAN, CAROL
STREET ADDRESS 4501 TAMiami TRAIL NORTH #400
CITY-ST-ZIP NAPLES FL 34103

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 P ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 1177 WISCONSIN DR.
14 CITY-ST-ZIP NAPLES, FL 34103

2.1 TITLE TREASURER/DIRECTOR ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 855 WILLOW CT.
24 CITY-ST-ZIP MARCO ISLAND, FL 34145

3.1 TITLE VICE PRES./DIRECTOR ☐ Change ☒ Addition

32 NAME DOUGLAS BROWN
33 STREET ADDRESS 1509 BISCAYNE WAY
34 CITY-ST-ZIP MARCO ISLAND, FL 34145

4.1 TITLE SECRETARY/DIRECTOR ☐ Change ☒ Addition

4.2 NAME ARMAND PROCCACI
4.3 STREET ADDRESS 77 SILVER OAKS CIRCLE
4.4 CITY-ST-ZIP NAPLES, FLORIDA

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99

941-436-2953

Date

Daytime Phone #

CR2E037 (11/98)