2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90347 043 ****61.25

Principal Place of Business COLLER CLUB HOMEOWNER'S 1999 POINTE WEST DR. VERO BEACH, FL 32966 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Street Address (P.O. Box Number is Not Acceptable) City & Street Address (P.O. Box Number is Not Acceptable) City & State Filling Fee is 361.25 Due by May 1, 2006 10. OFFICERS AND DIRECTORS Debte MAKE ADAMS, JAMES R 1999 POINTE WEST DR VERO BEACH, FL 32966 Make check payable ITILE NAME STREET ADDRESS NAME STREET ADDRESS STREET ADDRESS NAME STREET ADDRESS NAME STREET ADDRESS STREET	applied For lot Applicable dditional ed
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Zip Country Zip Country 5. Certificate of Status Desired \$8.75 / Fee Requ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 999 POINTE WEST DR. WERO BEACH, FL 32966 8. 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. I am familiar with the obligations of registered agent and time # applicable. (NOTE Registered Agent signature required when reinstating) Piling Fee is \$61.25 Due by May 1, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS A	lot Applicable diditional ed
6. Name and Address of Current Registered Agent MELCHIORI, STEPHEN 1999 POINTE WEST DR. VERO BEACH, FL 32966 8. 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. I am familiar withe obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2006 10. OFFICERS AND DIRECTORS Trust Fund Contribution. DP MAKE MECHLING, CHARLES STREET ADDRESS OTIV-ST-2IP NAME ADAMS, JAMES R STREET ADDRESS ST	dditional ed
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I nereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the regions or or under empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all otto filing empowered.

SIGNATURE:

leche SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR