


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90208 039 ****61.25

| | |
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| DOCUMENT # N99000000648 1. Entity Name COLLIER CLUB HOMEOWNER'S ASSOCIATION OF INDIAN RIVER COUNTY, INC. |  |
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|---|---|
| Principal Place of Business COLLIER CLUB HOMEOWNER'S 1999 POINTE WEST DR. VERO BEACH, FL 32966 | Mailing Address COLLIER CLUB HOMEOWNER'S 1999 POINTE WEST DR. VERO BEACH, FL 32966 |
|---|---|



02182008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 65-0920175 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MELCHIORI, STEPHEN 1999 POINTE WEST DR. VERO BEACH, FL 32966 |
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IN THIS SPACE**

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, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP MECHLING, CHARLES 1999 POINTE WEST DR VERO BEACH, FL 32966 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS ADAMS, JAMES R 1999 POINTE WEST DR VERO BEACH, FL 32966 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MELCHIORI, STEPHEN 1999 POINTE WEST DR VERO BEACH, FL 32966 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 receiver or trustee 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 other like empowered.

SIGNATURE:  **2/29/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #