2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

(239) 261-4455

							05-02-2008 9	20137 013	***150	$\cap \cap$
DOCUMENT # P02000028795 1. Entity Name THE OLD COLLIER GOLF CLUB, INC.								70137 013	130.	
Principal Place of Business Mailing Address						4009	3266			
			HODELL			4000	V			
3003 TAMIAMI TRAIL NORTH 3003 TAMIAMI TRAIL NOR			NUKIH							
SUITE 400 SUITE 400					,					
NAPLES, FL	34103	NAPLES, FL 34103				i mankai mi	I SME (ISM SEM) BEMÎ S	elli Beirk Maal ibri		HERI II IERI
2. Principal F	Place of Business - No P.O. Box #	Mailing Address								
							,		,00,4 (8,6) 6,	
Suite, Apt. #, etc. Suite, Apt. #, etc.						01292008	Chg-P	CRSEUS	4 (12/06)	
						01202000	Orig-i	0.12200	1 (12 00)	
City & Stat	е	City & State	City & State			4. FEI Numbe	ſ		Ar	plied For
						59-3531	571		No	ot Applicable
Zip Country		Zip Cou		ntrv				•	8.75 Add	
- .p	Journ,	P	00011	.,		Certificate of	of Status Desired		ee Require	ri Titional
	C. Name and Address of Community		1			7 M	6 at at a			
	6. Name and Address of Current F	tegistered Agent			·	7. Name and	Address of New	Registered Ag	gent	
				Name	ORIN	IA ROBI	ERT D.			
TAFT, ELE								la)		
	IAMI TRAIL NORTH			31	003	TAMTAM	r is Not Acceptabl	нтяои"	, STE	E 400
SUITE 400					<u> </u>			1101(111		1.700
NAPLES, FL 34103										
				City			· · · · · · · · · · · · · · · · · · ·		Zip Cod	e
NA					APLE	S		FL	Zip Cod 3410	3
	named entity submits this statement for	the purpose of changing its	registere	ed office or	registere	ed agent, or both	n, in the State of F	lorida. I am fa	miliar with,	and accept
the obligat	ions of registere agent.									
	//w.	Robert	$D \subset C$	oring				4-11-	.AD	
SIGNATURE.								7-,-	ue	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registerer	i Agent signatur	re required v	when reinstating)		DATE		
eu	E NOW!!! FEE IS \$150.00	9. Election Campa	ign Finan	cing	\$5.6	00 May Be				
	ay 1, 2008 Fee will be \$550.0		-	Ĭ		d to Fees				
10.	OFFICERS AND D	DIRECTORS	11.			ADDITIONS/0	CHANGES TO OF	FICERS AND (DIRECTOR	S IN 11
TITLE	V	☐ Delete	TITLE						☐ Change	Addition
NAME	SULLIVAN, JACK		NAM							_
STREET ADDRESS	790 MAIN HOUSE DR		STRE	ET ADDRESS						
CITY-ST-ZIP	NAPLES, FL 34110		1	ST-ZIP						
	·			VI ER }				-		
TITLE	PD	☐ Delete	TITLE	.					Change	Addition
NAME	FLOOD, THOMAS J		NAM	:						
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH, S 1	re 400	STRE	ET ADDRESS					_	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-	ST-ZIP					•	
TITLE	DVT		1171.0		77/5	/T/D		.,	VI Chanca	Addition
TITLE	= ' '	☐ Delete	TITLE	I	COB	·	ת שמשםי		XI Change	Addition
NAME	CORINA, ROBERT D		NAME	- 1	COR	INA, KU	BERT D.	T NODE	T 0m	- 400
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH			ET ADDRESS	300	3 TAMIA	MI TRAI		1, ST	E 400
CITY-ST-ZIP	NAPLES, FL 34103		CITY-	·ST-ZIP	_NAP	LES, FI	34103	3		
TITLE	s	Delete	TITLE						Change	Addition
NAME	TAFT, ELEANOR W	**	NAME	.						_
STREET ADDRESS	3003 TAMIAMI TRAIL N, STE.400	•	ı	ET ADDRESS						
CITY-ST-ZIP	NAPLES, FL 34103			ST-ZIP						
	1474 220,12 07100									
TITLE		☐ Delete	TITLE	1					Change	Addition
NAME			NAM	I						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP						
TITLE		☐ Delete	TITLE						Change	Addition
NAME		LLJ DOIGIG	NAMI							
			- 1	- 1						•
STREET ADDRESS			1	ET ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP						
12. I hereby	certify that the information supplied with	his filing does not qualify for	or the exe	mptions co	ontained	in Chapter 119,	Florida Statutes.	I further certify	that the in	nformation
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empore	rrue and accurate and that i	my signat as recuir	ure shall ha ed by Char	ive the sa Oter 607	ame legal effect Florida Statutes	as II made under	oath; that I an ne annears in	n an officer Block 10 o	or director Block 11 if
changed,	or on an attachment with an address, w	ith all other like empowered	l	•			•			•

Robert D. Corina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _