

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000028795

Entity Name: THE OLD COLLIER GOLF CLUB, INC.

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

3003 TAMiami TRAIL NORTH  
SUITE 400  
NAPLES, FL 34103

**New Principal Place of Business:**

3003 TAMiami TRAIL NORTH  
SUITE 400  
NAPLES, FL 34103 US

**Current Mailing Address:**

3003 TAMiami TRAIL NORTH  
SUITE 400  
NAPLES, FL 34103

**New Mailing Address:**

3003 TAMiami TRAIL NORTH  
SUITE 400  
NAPLES, FL 34103 US

FEI Number: 59-3531571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORINA, ROBERT D  
3003 TAMiami TRAIL NORTH  
SUITE 400  
NAPLES, FL 34103 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: SULLIVAN, JACK  
Address: 790 MAIN HOUSE DR  
City-St-Zip: NAPLES, FL 34110

Title: PD ( ) Delete  
Name: FLOOD, THOMAS J  
Address: 3003 TAMiami TRAIL NORTH, STE 400  
City-St-Zip: NAPLES, FL 34103

Title: VSTD ( ) Delete  
Name: CORINA, ROBERT D  
Address: 3003 TAMiami TRL N, STE 400  
City-St-Zip: NAPLES, FL 34103

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

Title: VS (X) Change ( ) Addition  
Name: O'CONNOR, JOHN D  
Address: 3003 TAMiami TRAIL NORTH, SUITE 400  
City-St-Zip: NAPLES, FL 34103 US

Title: PD (X) Change ( ) Addition  
Name: FLOOD, THOMAS J  
Address: 3003 TAMiami TRAIL NORTH, SUITE 400  
City-St-Zip: NAPLES, FL 34103 US

Title: VTD (X) Change ( ) Addition  
Name: CORINA, ROBERT D  
Address: 3003 TAMiami TRAIL NORTH, SUITE 400  
City-St-Zip: NAPLES, FL 34103 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D. O'CONNOR

V

04/22/2009

Electronic Signature of Signing Officer or Director

Date