


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90097 048 \*\*\*150.00

<b>DOCUMENT # P06000000367</b>	
1. Entity Name <b>COLLIER DEVELOPMENT CORPORATION</b>	

Principal Place of Business <b>3003 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES, FL 34103</b>	Mailing Address <b>3003 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES, FL 34103</b>
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2. Principal Place of Business - No P.O. Box # <b>3003 Tamiami Trail N.</b>	3. Mailing Address <b>3003 Tamiami Trail N.</b>
Suite, Apt. #, etc. <b>STE 400</b>	Suite, Apt. #, etc. <b>STE 400</b>
City & State <b>Naples, FL</b>	City & State <b>Naples, FL</b>
Zip <b>34103</b>	Country <b>USA</b>



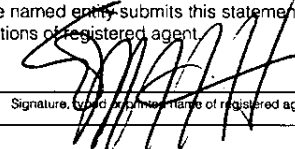
03222007 Chg-P CR2E034 (12/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>ALHAMBRA REGISTERED AGENTS, INC. 2 ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES, FL 33134</b>	
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7. Name and Address of New Registered Agent Name <b>ELEANOR W. TAFT</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3003 TAMIAMI TRAIL N.</b>	
<b>STE 400</b>	
City <b>NAPLES</b>	FL Zip Code <b>34103</b>

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 	Eleanor W. Taft 2/1/07

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 <input checked="" type="checkbox"/> Delete <b>ALHAMBRA REGISTERED AGENTS, INC. 2 ALHAMBRA PLAZA, STE 1202 CORAL GABLES, FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Taft, Eleanor W 3003 Tamiami Trail N., Ste 400 Naples, FL 34103</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: 	Eleanor W. Taft 2/1/07	(239) 261-4455
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