## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000065816 (5)

THE COLLIER CLUB, INC.

Principal Place of Business Mailing Address 4445 N A1A 4445 N A1A SUITE 250 SUITE 250 DO NOT WRITE IN THIS SPACE VERO BEACH FL 32963 VERO BEACH FL 32963 3. Date Incorporated or Qualified 07/30/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Zφ **1** No Personal Property Tax due June 30. Yes 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MECHLING, CHARLES R 4445 N A1A 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 250 83 VERO BEACH FL 32963 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: Typischor priote dinarce of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE TITLE 11 TULE MECHLING, CHARLES R NAME 1.2 NAME 4445 N A1A SUITE 250 1.3 STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 1.4 CHTY-ST-ZIP CITY-ST-ZIP DELETE 2.1 THLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - S1 - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 perportation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the Block 12 or Block 13 if

6.3 STREET ADDRESS

6.2 NAME

**FILED** 

May 13 1998 8:00am

Secretary of State