

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 31 1998 8:00am  
Secretary of State

DOCUMENT # P97000097281 (4)  
1. Corporation Name

COLLINGSWOOD PARKE, INC.



Principal Place of Business

1777 TAMiami TRAIL #505  
PORT CHARLOTTE FL 33948

Mailing Address

1777 TAMiami TRAIL #505  
PORT CHARLOTTE FL 33948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1997

4. FEI Number  
applied for

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 3838 N. Tamiami Trail

Suite, Apt. #, etc.

22 414

City & State

23 Naples Florida

Zip Country

24 34103

25 USA

2a. Mailing Address

26 3838 N Tamiami Trail #414

Suite, Apt. #, etc.

27 #414

City & State

28 Naples Florida

Zip Country

29 34103

30 USA

9. Name and Address of Current Registered Agent

MCKINLEY, MICHAEL R  
18401 MURDOCK CIRCLE  
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name

William L. Klohn

82 Street Address (P.O. Box Number is Not Acceptable)

3838 N. Tamiami Trail #414

83

84 City

Naples

FL

85 Zip Code

34103

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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*  
Signature of the registered agent, or the person authorized to register the agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/12/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME DEGIROSS, DEAN R  
STREET ADDRESS 1777 TAMiami TRAIL #505  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME William L. Klohn  
1.3 STREET ADDRESS 3838 N. Tamiami Trail #414  
1.4 CITY-ST-ZIP Naples FL 34103

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME 100002629961  
6.3 STREET ADDRESS -09/01/98--01028--035  
6.4 CITY-ST-ZIP \*\*\*550.00

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]*

CR2E034 (5/98)