

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90122 044 ***158.75

WORKER

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000108398**

1. Corporation Name
COLLIER TALLHASSEE COMMUNITIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 105 N.W. 16TH ST. GAINESVILLE FL 32603	Mailing Address P.O. BOX 13116 GAINESVILLE FL 32604
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3. Date Incorporated or Qualified 12/29/1997	
4. FEI Number 59-3487485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> K	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 220 N. Main St.	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State Gainesville FL	City & State
23	28
Zip Country	Zip Country
24 32601 25	29 30

9. Name and Address of Current Registered Agent COLLIER, NATHAN S 105 N.W. 16TH ST. GAINESVILLE FL 32603	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 220 N. Main Street
83	84 City Gainesville
	85 Zip Code FL 32601

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, NATHAN S	1.2 NAME	
STREET ADDRESS	105 N.W. 16TH ST.	1.3 STREET ADDRESS	220 N. Main Street
CITY-ST-ZIP	GAINESVILLE FL 32603	1.4 CITY-ST-ZIP	Gainesville FL 32601
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNOLL, MARC	2.2 NAME	
STREET ADDRESS	105 N.W. 16TH ST.	2.3 STREET ADDRESS	220 N. Main Street
CITY-ST-ZIP	GAINESVILLE FL 32603	2.4 CITY-ST-ZIP	Gainesville FL 32601
TITLE	DTS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, MARY-EVAN	3.2 NAME	
STREET ADDRESS	105 N.W. 16TH ST.	3.3 STREET ADDRESS	220 N. Main Street
CITY-ST-ZIP	GAINESVILLE FL 32603	3.4 CITY-ST-ZIP	Gainesville FL 32601
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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, with all other like empowered.

SIGNATURE: **MARY-EVAN WEBER** Date: **4/27/99** Daytime Phone: **352/375-2152**

CR2E034 (11/98)