

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90061 034 ***150.00

DOCUMENT # S55260

1. Corporation Name
COLLIER PRESIDENTIAL, INC.

Principal Place of Business
3003 TAMiami TRAIL NORTH
NAPLES FL 34103

Mailing Address
3003 TAMiami TRAIL NORTH
NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/28/1991

4. FEI Number
65-0317226

Applied For
Not Applicable

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

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 Suite 400

27 Suite 400

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOTOS, MICHAEL E.
1900 PHILLIPS POINT DRIVE
777 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401-6198

81 Name

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

83

84 City

FL

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE PD
NAME FLOOD, THOMAS J.
STREET ADDRESS 3003 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES FL

1.1 TITLE V/S/D
1.2 NAME Flora, Terry L.
1.3 STREET ADDRESS 3003 Tamiami Trail North, Suite 400
1.4 CITY-ST-ZIP Naples, FL 34103

TITLE VD
NAME BIRR, JEFFREY M.
STREET ADDRESS 3003 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES FL

2.1 TITLE V/T
2.2 NAME O'Connor, John D.
2.3 STREET ADDRESS 3003 Tamiami Trail North, Suite 400
2.4 CITY-ST-ZIP Naples, FL 34103

TITLE VS
NAME TERRY L. FLORA
STREET ADDRESS 3003 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES FL

3.1 TITLE AT
3.2 NAME Corina, Robert D.
3.3 STREET ADDRESS 3003 Tamiami Trail North
3.4 CITY-ST-ZIP Naples, FL 34103

TITLE T
NAME MASON, CHARLES H
STREET ADDRESS 3003 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES FL

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

TITLE D
NAME COLLIER, MILES C.
STREET ADDRESS 3003 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES FL

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

TITLE AT
NAME KURTYKA, DEBORAH L
STREET ADDRESS 3003 TAMiami TRAIL N
CITY-ST-ZIP NAPLES FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry L. Flora 4/9/99 (941) 261-4455

Date

Daytime Phone #

CR2E034 (11/98)

0455883