

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 037 ***150.00

DOCUMENT # S67228

1. Corporation Name
COLLIER'S RESERVE REALTY, INC.

Principal Place of Business
3003 TAMiami TRAIL N
NAPLES FL 34103
US

Mailing Address
3003 TAMiami TRAIL N
NAPLES FL 34103
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1991

4. FEI Number

65-0277725

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.
Suite 400

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORA, TERRY L
3003 TAMiami TRAIL NORTH
NAPLES FL 34103

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME BIRR, JEFFREY M
STREET ADDRESS 3003 TAMiami TRAIL N
CITY-ST-ZIP NAPLES FL

1.1 TITLE V/T ☐ Change ☒ Addition
1.2 NAME O'Connor, John D.
1.3 STREET ADDRESS 3003 Tamiami Trail North, Suite 400
1.4 CITY-ST-ZIP Naples, FL 34103

TITLE VS ☐ DELETE
NAME FLORA, TERRY L
STREET ADDRESS 3003 TAMiami TRAIL N
CITY-ST-ZIP NAPLES FL

2.1 TITLE AT ☐ Change ☒ Addition
2.2 NAME Corina, Robert D.
2.3 STREET ADDRESS 3003 Tamiami Trail North, Suite 400
2.4 CITY-ST-ZIP Naples, FL 34103

TITLE T ☒ DELETE
NAME MARKOFF, HOWARD F
STREET ADDRESS 3003 TAMiami TRAIL TRAIL N.
CITY-ST-ZIP NAPLES FL

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

TITLE D ☐ DELETE
NAME FLOOD, THOMAS J
STREET ADDRESS 3003 TAMiami TRAIL N
CITY-ST-ZIP NAPLES FL

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

TITLE D ☒ DELETE
NAME MASON, CHARLES H
STREET ADDRESS 3003 TAMiami TRAIL N
CITY-ST-ZIP NAPLES FL

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

TITLE AT ☒ DELETE
NAME KURTYKA, DEBORAH L
STREET ADDRESS 3303 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES FL 33940

6.1 TITLE ☐ Change ☐ Addition
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

4/19/99

Date

941-261-4455

Daytime Phone #

CR2E034 (11/98)