

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N38760 (7)
1. Corporation Name
COLLIER COUNTY HOUSING AUTHORITY'S LAND ACQUISITION - NEW DEVELOPMENT, INC.



Principal Place of Business
**C/O FRED N. THOMAS, JR.
1800 FARM WORKER WAY
IMMOKALEE FL 33934**

Mailing Address
**C/O FRED N. THOMAS, JR.
1800 FARM WORKER WAY
IMMOKALEE FL 33934**

3. Date Incorporated or Qualified **06/25/1990** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0235160		Applied For ☐ Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent

**THOMAS, FRED N., JR.
1800 FARM WORKER WAY
IMMOKALEE FL 33934**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	☐ DELETE
NAME	THOMAS, FRED N., JR.	
STREET ADDRESS	1800 FARM WORKER WAY	
CITY - ST - ZIP	IMMOKALEE FL	
TITLE	PD	☐ DELETE
NAME	BORDEN, DAVID	
STREET ADDRESS	2600 GOLDEN GATE PKWY	
CITY - ST - ZIP	NAPLES FL	
TITLE	VD	☐ DELETE
NAME	PRICE, STEVE	
STREET ADDRESS	1400 NORTH 15TH STREET	
CITY - ST - ZIP	IMMOKALEE FL	
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	Director
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	President
4.3 STREET ADDRESS	Lemus, Martha
4.4 CITY - ST - ZIP	313 New Market Road Immokalee, Florida 33934
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	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED N. THOMAS JR

2/22/96

(941) 657-3649

Sec'y-TRANS.

Date

Daytime Phone #

CR2E037 (12/95)