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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N38760

1. Corporation Name

COLLIER COUNTY HOUSING AUTHORITY'S LAND ACQUISITION - NEW DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

06/25/1990

22 City & State

27 City & State

4. FEI Number

Applied For

65-0235160

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Fred N. Thomas, Jr.

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

1800 Farm Worker Way

83

84 City

Immokalee

FL

85 Zip Code

34142

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD [] DELETE
NAME THOMAS, FRED N., JR.
STREET ADDRESS 1800 FARM WORKER WAY
CITY-ST-ZIP IMMOKALEE FL

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME BORDEN, DAVID
STREET ADDRESS 2600 GOLDEN GATE PKWY
CITY-ST-ZIP NAPLES FL

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

TITLE VD [] DELETE
NAME PRICE, STEVE
STREET ADDRESS 1400 NORTH 15TH STREET
CITY-ST-ZIP IMMOKALEE FL

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

TITLE P [] DELETE
NAME DORCAS F. HOWARD
STREET ADDRESS P.O. BOX 154 (N/A)
CITY-ST-ZIP IMMOKALEE FL 34143

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

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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

January 5, 1999

(941)657-3649

Date

Daytime Phone #

CR2E037 (11/98)