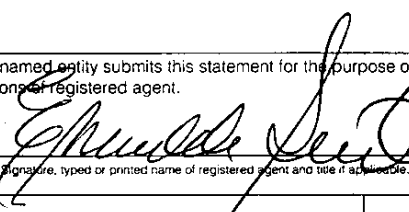
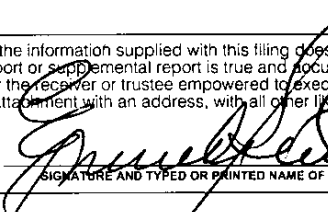


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90007 026 ****61.25

DOCUMENT # N38760 1. Entity Name COLLIER COUNTY HOUSING AUTHORITY'S LAND ACQUISITION - NEW DEVELOPMENT, INC.					
Principal Place of Business C/O ESERALDA SARRATA 1800 FARM WORKER WAY IMMOKALEE, FL 34142			Mailing Address C/O ESERALDA SARRATA 1800 FARM WORKER WAY IMMOKALEE, FL 34142		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SERRATA, ESERALDA 1800 FARM WORKER WAY IMMOKALEE, FL 34142			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. Esmeralda Serrata/STD (NOTE: Registered Agent signature required when reinstating) April 20, 2007 DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SERRATA, ESERALDA 1800 FARM WORKER WAY IMMOKALEE, FL 34142	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORDEN, DAVID 2600 GOLDEN GATE PKWY NAPLES, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRICE, STEVE 1400 NORTH 15TH STREET IMMOKALEE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLORES, LILLIAN P.O. BOX 1515 IMMOKALEE, FL 34142	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Floyd Z. Crews P.O. Box 5157 Immokalee, Fl. 34143	☒ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Esmeralda Serrata		4/20/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		(239) 657-3649 Daytime Phone #	