

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 19, 2009
Secretary of State

DOCUMENT# N38760

Entity Name: COLLIER COUNTY HOUSING AUTHORITY'S LAND ACQUISITION - NEW DEVELOPMENT, INC.**Current Principal Place of Business:**C/O ESERALDA SARRATA
1800 FARM WORKER WAY
IMMOKALEE, FL 34142**New Principal Place of Business:****Current Mailing Address:**C/O ESERALDA SARRATA
1800 FARM WORKER WAY
IMMOKALEE, FL 34142**New Mailing Address:****FEI Number:** 65-0238516**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SERRATA, ESERALDA
1800 FARM WORKER WAY
IMMOKALEE, FL 34142 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** STD () Delete
Name: SERRATA, ESERALDA
Address: 1800 FARM WORKER WAY
City-St-Zip: IMMOKALEE, FL 34142**Title:** D () Delete
Name: BORDEN, DAVID
Address: 1800 FARM WORKER WAY
City-St-Zip: IMMOKALEE, FL 34142**Title:** VP () Delete
Name: PRICE, STEVE
Address: 1800 FARM WORKER WAY
City-St-Zip: IMMOKALEE, FL 34142**Title:** P () Delete
Name: BARNHART, BERNARDO
Address: 1800 FARM WORKER WAY
City-St-Zip: IMMOKALEE, FL 34142**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** P (X) Change () Addition
Name: CREWS, Z. FLOYD
Address: 1800 FARM WORKER WAY
City-St-Zip: IMMOKALEE, FL 34142**Title:** D (X) Change () Addition
Name: TOWNSEND, GERTRUDE
Address: 1800 FARM WORKER WAY
City-St-Zip: IMMOKALEE, FL 34142**Title:** VP (X) Change () Addition
Name: BARNHART, BERNARDO
Address: 1800 FARM WORKER WAY
City-St-Zip: IMMOKALEE, FL 34142**Title:** D () Change (X) Addition
Name: GOGUEN, BRIAN L
Address: 1800 FARM WORKER WAY
City-St-Zip: IMMOKALEE, FL 34142**Title:** D () Change (X) Addition
Name: GOLDEN, SUSAN M
Address: 1800 FARM WORKER WAY
City-St-Zip: IMMOKALEE, FL 34142

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESERALDA SERRATA

ED

06/19/2009

Electronic Signature of Signing Officer or Director

Date