2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90160 034 ****61.25

DOCUMENT # N38760

1. Entity Name

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

Principal Place of Business	Mailing Address
C/O FRED N. THOMAS. JR. 1800 FARM WORKER WAY IMMOKALEE FL 34142	C/O FRED N. THOMAS. JR. 1800 FARM WORKER WAY IMMOKALEE FL 34142

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
C/O Esmeralda Serrata	C/O Esmeralda Serrata
Suite, Apt. #, etc. 1800 Farm Worker Way	Suite, Apt. #, etc. 1800 Farm Worker Way
City & State Immokalee, Florida	City & State Immokalee, Florida
Zip: 34142 Country: U.S.	Zip: 34142 Country: U.S.

4. FEI Number 65-0235160 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, FRED N., JR. 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 the registered agent.

SIGNATURE Esmeralda Serrata Esmeralda Serrata 1/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 THOMAS, FRED N., JR. 1800 FARM WORKER WAY IMMOKALEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Serrata, Esmeralda 1800 Farm Worker Way Immokalee, Fl. 34142	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BORDEN, DAVID 2600 GOLDEN GATE PKWY NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PRICE, STEVE 1400 NORTH 15TH STREET IMMOKALEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ADAME, MARIA C PO BOX 3556 IMMOKALEE FL 34143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 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 Esmeralda Serrata 1/21/03 (239) 657-3649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE