

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000013106

**Entity Name:** COLLIER COUNTY COMMUNITY LAND TRUST - MASTER, INC.

**FILED**  
**Jan 28, 2022**  
**Secretary of State**  
**9762850161CC**

**Current Principal Place of Business:**

3200 BAILEY LANE, SUITE #109  
NAPLES, FL 34105

**Current Mailing Address:**

3200 BAILEY LANE, SUITE #109  
NAPLES, FL 34105 US

**FEI Number: 87-3559688**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PUCHALLA, MICHAEL  
3200 BAILEY LANE, SUITE #109  
NAPLES, FL 34105 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HRUBY, STEPHEN  
Address        290 FOURTEENTH AVE S  
City-State-Zip: NAPLES FL 34102

Title            VP  
Name            DIEGEL, MARY JO  
Address        10353 HERITAGE BAY BLVD  
City-State-Zip: NAPLES FL 34120

Title            TREASURER  
Name            SABIN, TODD  
Address        9130 GALLERIA CT  
                  100  
City-State-Zip: NAPLES FL 34109

Title            SECRETARY  
Name            BUZZACCO-FOERSTER, JENNA  
Address        2390 TAMIAMI TRL N  
                  210  
City-State-Zip: NAPLES FL 34103

Title            DIRECTOR  
Name            ELLIS, DAVID  
Address        8880 TERRENE CT  
City-State-Zip: BONITA SPRINGS FL 34135

Title            DIRECTOR  
Name            PRIOLETTI, MIKE  
Address        5811 PELICAN BAY BLVD STE 102  
City-State-Zip: NAPLES FL 34108

Title            DIRECTOR  
Name            MCLEOD, MICHELLE  
Address        728 OLD TRAIL DR  
City-State-Zip: NAPLES FL 34103

Title            EXECUTIVE DIRECTOR  
Name            PUCHALLA, MICHAEL J  
Address        3200 BAILEY LN  
                  STE 109  
City-State-Zip: NAPLES FL 34105

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL J PUCHALLA**

**EXECUTIVE DIRECTOR**

**01/28/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date