

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 26, 2008  
Secretary of State**

DOCUMENT# 742136

Entity Name: HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

**Current Principal Place of Business:**

11145 TAMIAMI TRAL EAST  
NAPLES, FL 34113 US

**New Principal Place of Business:**

**Current Mailing Address:**

11145 TAMIAMI TRAL EAST  
NAPLES, FL 34113 US

**New Mailing Address:**

FEI Number: 59-1834379      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DURSO, SAMUEL J M.D.  
891 PARTRIDGE COURT  
MARCO ISLAND, FL 34145 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: PD ( ) Delete  
Name: DURSO, SAMUEL J MD  
Address: 891 PARTRIDGE COURT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: SD ( ) Delete  
Name: MANION, PETER  
Address: 222 BAY POINT  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: SWIHART, STANARD MD  
Address: 789 REGENCY RESERVE CIR APT 4603  
City-St-Zip: NAPLES, FL 34119

Title: VP ( ) Delete  
Name: MARY ANN, DURSO  
Address: 891 PORTRIDGE COURT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: TD ( ) Delete  
Name: REED, PHIL  
Address: 480 PALO VERDE DRIVE  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: MUELLER, MICHAEL  
Address: 1109 STRAWBERRY COURT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SAMUEL DURSO, MD

PD

03/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date