

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742136

FILED
Jan 05, 2010
Secretary of State

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 (X)

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: P
Name: DURSO, SAMUEL J MD
Address: 891 PARTRIDGE COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: S
Name: MUELLER, MICHAEL
Address: 1109 STRAWBERRY COURT
City-St-Zip: MARCO ISLAND, FL 34145

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

Title: T
Name: CUNNINGHAM, JOHN W
Address: 841 PARTRIDGE CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: EVP
Name: LEFKOW, LISA REV.
Address: 1490 NOTTINGHAM DR
City-St-Zip: NAPLES, FL 34109

Title: EVP
Name: KOULOHERAS, NICK
Address: 6130 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

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: SAMUEL DURSO M.D.

P

01/05/2010

Electronic Signature of Signing Officer or Director

Date