

FILE NOW: FILING FEE IS \$61.25

FILED  
May 01 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **748384** (5)

1. Corporation Name

**THE COLLIER CITY/POMPANO BEACH COMMUNITY DEVELOPMENT INC.**

Principal Place of Business

Mailing Address

**3001 N.W. 8TH STREET  
POMPANO BCH FL 33069**

**3001 N.W. 8TH STREET  
POMPANO BCH FL 33069**

3. Date Incorporated or Qualified

**08/07/1979**

4. FEI Number

**59-2116137**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

*Collier City CDC 3001 NW 8th St*

21. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. *Pompano Beach*

27. City & State

City & State

City & State

23. *Florida*

28. Zip

24. *33069*

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEWIS, ROBERT L  
3001 N.W. 3TH STREET  
POMPANO BCH FL 33069**

81. Name

**JAMES R. EDDY**

82. Street Address (P.O. Box Number is Not Acceptable)

**2401 E. ATLANTIC BLVD**

83. City

**POMPANO BEACH**

84. State

**FL**

85. Zip Code

**33062**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*James R. Eddy*

(NOTE: Registered Agent signature required when reinstating)

DATE **4/12/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                  |                                 |
|-----------------|------------------|---------------------------------|
| TITLE           | D/C              | <input type="checkbox"/> DELETE |
| NAME            | SID JONES        |                                 |
| STREET ADDRESS  | 2114 NW 5TH ST   |                                 |
| CITY - ST - ZIP | POMPANO BEACH FL |                                 |

|                     |                         |                                                                   |
|---------------------|-------------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | D/C                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | SID JONES               |                                                                   |
| 1.3 STREET ADDRESS  | 2114 NW 5TH ST          |                                                                   |
| 1.4 CITY - ST - ZIP | POMPANO BEACH, FL 33069 |                                                                   |

|                 |                        |                                 |
|-----------------|------------------------|---------------------------------|
| TITLE           | DC                     | <input type="checkbox"/> DELETE |
| NAME            | ANTHONY, DEBORAH       |                                 |
| STREET ADDRESS  | 604 GARDENS DR. #101   |                                 |
| CITY - ST - ZIP | POMPANO BEACH FL 33069 |                                 |

|                     |                        |                                                                   |
|---------------------|------------------------|-------------------------------------------------------------------|
| 2.1 TITLE           | DC                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | ANTHONY, DEBORAH       |                                                                   |
| 2.3 STREET ADDRESS  | 604 GARDENS DR #101    |                                                                   |
| 2.4 CITY - ST - ZIP | POMPANO BEACH FL 33069 |                                                                   |

|                 |                   |                                 |
|-----------------|-------------------|---------------------------------|
| TITLE           | DC                | <input type="checkbox"/> DELETE |
| NAME            | MAXWELL, BETTYE   |                                 |
| STREET ADDRESS  | 120 N.W. 15TH ST. |                                 |
| CITY - ST - ZIP | POMPANO BCH FL    |                                 |

|                     |                         |                                                                   |
|---------------------|-------------------------|-------------------------------------------------------------------|
| 3.1 TITLE           | DC                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | MAXWELL, BETTYE         |                                                                   |
| 3.3 STREET ADDRESS  | 120 NW 15TH ST          |                                                                   |
| 3.4 CITY - ST - ZIP | POMPANO BEACH, FL 33060 |                                                                   |

|                 |                   |                                 |
|-----------------|-------------------|---------------------------------|
| TITLE           | S                 | <input type="checkbox"/> DELETE |
| NAME            | COOPER, JANET     |                                 |
| STREET ADDRESS  | 3001 N.W. 8TH ST. |                                 |
| CITY - ST - ZIP | POMPANO BEACH FL  |                                 |

|                     |                        |                                                                   |
|---------------------|------------------------|-------------------------------------------------------------------|
| 4.1 TITLE           | S                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | COOPER, JANET          |                                                                   |
| 4.3 STREET ADDRESS  | 3001 NW 8TH ST         |                                                                   |
| 4.4 CITY - ST - ZIP | POMPANO BEACH FL 33060 |                                                                   |

|                 |                           |                                 |
|-----------------|---------------------------|---------------------------------|
| TITLE           | ACC                       | <input type="checkbox"/> DELETE |
| NAME            | MCBRIDE, KEVIN            |                                 |
| STREET ADDRESS  | 7901 SOTHGATE BLVD. C-2   |                                 |
| CITY - ST - ZIP | NORTH LAUDERDALE FL 33069 |                                 |

|                     |                         |                                                                              |
|---------------------|-------------------------|------------------------------------------------------------------------------|
| 5.1 TITLE           | ACC                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            | ROBERT S. MCCALL        |                                                                              |
| 5.3 STREET ADDRESS  | 4251 W McNab RD #18     |                                                                              |
| 5.4 CITY - ST - ZIP | Pompano Beach, FL 33060 |                                                                              |

|                 |                      |                                 |
|-----------------|----------------------|---------------------------------|
| TITLE           | D                    | <input type="checkbox"/> DELETE |
| NAME            | KNOWLES, EVELYN      |                                 |
| STREET ADDRESS  | 3001 N.W. 8TH STREET |                                 |
| CITY - ST - ZIP | POMPANO BCH FL 33069 |                                 |

|                     |                        |                                                                   |
|---------------------|------------------------|-------------------------------------------------------------------|
| 6.1 TITLE           | D                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            | KNOWLES, EVELYN        |                                                                   |
| 6.3 STREET ADDRESS  | 3001 NW 8TH ST         |                                                                   |
| 6.4 CITY - ST - ZIP | POMPANO BEACH FL 33060 |                                                                   |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sid Jones - Sid Jones*

**4-20-98 (954) 977-40**

CR2E037 (10/97)