

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870  
Mailing Address: Post Office Box 10149, Tallahassee, FL 32302  
TOLL FREE No. 1 800 342-8062  
FAX (904) 222-1222

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ 2.00 Our \$ 1.00

✓  
1 fenugreek marg.  
57.50. F.F.  
50.50. C.C.  
LM

Will Watt

| REQUEST | TAKEN | CONFIRMED | APPROVED |
|---------|-------|-----------|----------|
|---------|-------|-----------|----------|

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY                     

WALK-IN Will Pick Up 7-18

RE: Immokatee Housing  
Partnership, Ltd.

**C.C. FEE.      DISBURSED**

☐ Capital Express™  
☐ Art. of Inc. File  
☐ Corp. Record Search  
☒ Ltd. Partnership File  
☐ Foreign Corp. File  
☒ ( ) Cert. Copy(s)

\_\_\_\_\_ Art. of Amend. File  
 \_\_\_\_\_ Dissolution/Withdrawal  
 \_\_\_\_\_ C U S- \_\_\_\_\_  
 \_\_\_\_\_ Fictitious Name File

\_\_\_\_\_ Name Reservation  
 \_\_\_\_\_ Annual Report/Reinstatement  
 \_\_\_\_\_ Reg. Agent Service  
 \_\_\_\_\_ Document Filing

- ☐ Corporate Klt
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ Document Retrieval

☐ UCC 1 or 3 Fila  
☐ UCC 11 Search  
☐ UCC 11 Retrieval  
☐ ☐ Fila No.'s, ☐ Coplas

\_\_\_\_\_ Courier Service \_\_\_\_\_  
 \_\_\_\_\_ Shipping/Handling \_\_\_\_\_  
 \_\_\_\_\_ Phone (    ) \_\_\_\_\_

\_\_\_\_\_ Top Priority \_\_\_\_\_  
 \_\_\_\_\_ Express Mail Prop. \_\_\_\_\_  
 \_\_\_\_\_ FAX (     )                      pgs. \_\_\_\_\_

**SUBTOTALS** \_\_\_\_\_

FEE.....\$

DISBURSED..... \$

**SURCHARGE.....** \$

TAX on corporate supplies..... \$

SUBTOTAL..... \$

**PREPAID**..... \$

BALANCE DUE.....\$

**TERMS: NET 10 DAYS FROM INVOICE DATE**  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum

**THANK YOU**  
from  
**Your Capital Connection**

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
IMMOKALEE HOUSING PARTNERSHIP, LTD.**

The undersigned, acting as organizer of a Limited Partnership pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act hereby adopts the following certificate for such Limited Partnership:

1. The name of the Limited Partnership is:

**IMMOKALEE HOUSING PARTNERSHIP, LTD.**

2. (a) The address of the office of the Partnership at which place the records shall be maintained is:

c/o Cronacher Development Corporation  
2640 Golden Gate Parkway  
Suite 304  
Naples, FL 33942

- (b) The name and address of the Partnership's agent for service of process is:

Roy Cronacher  
2640 Golden Gate Parkway  
Suite 304  
Naples, FL 33942

3. The name and address of the General Partners is:

Cronacher Development Corporation  
2640 Golden Gate Parkway  
Suite 304  
Naples, FL 33942

Collier County Housing Authoritys Land Acquisition New Development, Inc.  
1800 Farm Worker Way  
Immokalee, FL 33934

FILED  
95 APR 18 AM 4:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

L39534

N38760

4. The mailing address for the Limited Partnership is:

c/o Cronacher Development Corporation  
2040 Golden Gate Parkway  
Suite 304  
Naples, FL 33942

5. The term of the Partnership shall commence on the date of filing of this Certificate with the Secretary of State of Florida and shall continue until December 31, 2045, unless sooner terminated as provided in the Articles of Limited Partnership Agreement.

IN WITNESS WHEREOF, the undersigned General Partners have hereto executed this Certificate as of the \_\_\_\_ day of April, 1995.

**GENERAL PARTNERS:**

(CORPORATE SEAL)

**CRONACHER DEVELOPMENT CORPORATION**  
a Florida corporation

I hereby accept the duties as registered agent.

Attest: [Signature]  
Secretary

By: [Signature]  
Roy Cronacher, President

95 APR 18 PM 4:01  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(CORPORATE SEAL)

**COLLIER COUNTY HOUSING AUTHORITY'S  
LAND ACQUISITION NEW DEVELOPMENT,  
INC.,** a Florida not-for-profit corporation

Attest: [Signature]  
Secretary

By: [Signature]  
David K. Borden, President



**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF COLLIER

BEFORE ME, a Notary Public, personally appeared David K. Borden, as President of COLLIER COUNTY HOUSING AUTHORITIES LAND ACQUISITION NEW DEVELOPMENT, INC. (the "Affiant"), who, after first being duly sworn, under oath, deposes and states that:

1. Affiant is the duly appointed authorized officer of COLLIER COUNTY HOUSING AUTHORITIES LAND ACQUISITION NEW DEVELOPMENT, INC., a Florida not-for-profit corporation (the "Corporation").

2. The Corporation is a General Partner of a Limited Partnership to be formed under the Florida Revised Uniform Limited Partnership Act under the name Imokalee Housing Partnership, Ltd.

3. The capital contribution of the initial sole limited partner is \$1,000.

4. The amount anticipated to be contributed by the initial sole limited partner is \$1,000.

5. The Affiant is familiar with the nature of an oath and with the penalties as provided by the laws of the State of Florida for falsely swearing to statements made in an instrument of this nature. Affiant further certifies that he has read the full facts of this affidavit and understands its contents.

FURTHER AFFIANT SAYETH NAUGHT.

**COLLIER COUNTY HOUSING AUTHORITIES  
LAND ACQUISITION NEW DEVELOPMENT,  
INC., a Florida not-for-profit corporation**

By: *David K. Borden*

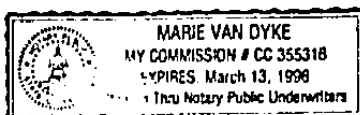
David K. Borden, President

STATE OF FLORIDA  
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this 17 day of April, 1995, by David K. Borden as President of COLLIER COUNTY HOUSING AUTHORITIES LAND ACQUISITION NEW DEVELOPMENT, INC., a Florida not-for-profit corporation, on behalf of the corporation, and who is personally known to me.

My Commission Expires:

*Marie Van Dyke*  
NOTARY PUBLIC, STATE OF FLORIDA



**LIMITED PARTNERSHIP AGREEMENT  
OF IMMOKALEE HOUSING PARTNERSHIP, LTD.**

THIS LIMITED PARTNERSHIP AGREEMENT OF IMMOKALEE HOUSING PARTNERSHIP, LTD. is made as of this 12 day of April, 1995, by and between CRONACHER DEVELOPMENT CORPORATION ("CDC"), a Florida corporation, and COLLIER COUNTY HOUSING AUTHORITY'S LAND ACQUISITION NEW DEVELOPMENT, INC. ("CCH"), a Florida not-for-profit corporation, as general partners, and ROY CRONACHER ("Cronacher"), as limited partner.

**PRELIMINARY STATEMENTS**

WHEREAS, CDC and CCH, as general partners, and Cronacher, as limited partner, desire to form a limited partnership to be the general partner of a limited partnership that will develop, own and operate a 204 unit low income housing project to be known as "GARDEN WALK VILLAGE."

In consideration of the mutual covenants herein contained, the parties do hereby agree:

1. **Formation.** CDC and CCH, as general partners, and Cronacher, as limited partner, hereby form a limited partnership pursuant to Florida Statutes, Chapter 620, and the terms and conditions of this Agreement. CDC and CCH shall be the general partners and Cronacher shall be the limited partner.
2. **Name.** The name of the limited partnership shall be: **IMMOKALEE HOUSING PARTNERSHIP, LTD.**
3. **Principal Place of Business and Resident Agent.** The principal place of business and principal office shall be: c/o Cronacher Development Corporation, 2640 Golden Gate Parkway, Suite 304, Naples, FL 33942. The general partners may at any time and from time to time change the address of the partnership. The Registered Agent of the Partnership shall be Roy Cronacher and the Registered Office of the Partnership shall be the same as its principal office and place of business.
4. **Term.** The Partnership shall commence on the date the Partnership filed its Certificate of Limited Partnership with the Secretary of the State of Florida. The latest date upon which the Partnership is to dissolve is December 31, 2045.
5. **Admission of Limited Partners.** CDC and CCH are hereby admitted to the Partnership as the General Partners and Cronacher is hereby admitted to the Partnership as the Limited Partner.

6. **Capital.** The partners shall contribute capital to the Partnership in the following amounts:

(a) General Partners:

CDC \$ .90

CCH \$ .10

(b) Limited Partners:

Cronacher \$99.00

7. **Profits and Losses.** The profits and losses of the Partnership shall be allocated as follows:

(a) General Partners:

CDC .9%

CCH .1%

(b) Limited Partner:

Cronacher 99%

FILED  
95 APR 18 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8. **Distributions.** Distributions of cash or other assets of the Partnership shall be allocated among the partners as follows:

(a) General Partners

CDC .9%

CCH .1%

(b) Limited Partner:

Cronacher

99%

9. **Withdrawal Right.** CCH shall be entitled, in its sole discretion, to put to CDC and CDC shall buy, at any time prior to the admission of the Investor limited partner, all of CCH's rights, title and interest in and to the Partnership for the sum of \$10.00. Such right shall be exercised by CCH giving to CDC ten (10) written days notice of its obligation to purchase such interest. The parties agree to execute such documents as may be necessary to effectuate such transfer.

IN WITNESS WHEREOF, this Limited Partnership Agreement has been made and executed on the day first above mentioned.

CRONACHER DEVELOPMENT CORPORATION

By: \_\_\_\_\_

Roy Cronacher, President

COLLIER COUNTY HOUSING AUTHORITY'S LAND  
ACQUISITION NEW DEVELOPMENT, INC.

By: \_\_\_\_\_

DAVID K. BORDEN, President

\_\_\_\_\_  
Roy Cronacher, limited partner

G:\LV\ACRONACHEVILLAGE\IMMOKALEE LPA



**FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Tallahassee  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership:

1a. DOCUMENT #  
**A95000000628**

**IMMOKALEE HOUSING PARTNERSHIP, LTD.**

Mailing Address:

% CRONACHER DEVELOPMENT CORPORATION  
2640 GOLDEN GATE PARKWAY, SUITE 304  
NAPLES FL 33942

Principal Office Address:

% CRONACHER DEVELOPMENT CORPORATION  
2640 GOLDEN GATE PARKWAY, SUITE 304  
NAPLES FL 33942

If above addresses are incorrect in any way, file through the correct information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in  
FLORIDA  
**04/18/1995**

3a. Date of Last Report

4. State or Country of Formation  
**FL**

5a. Capital Contributions as Shown  
on Record  
**\$1,000.00**

5b. Amount of Capital Contributions in  
FLORIDA to date  
**\$ 1000.00**

6. FEI Number  
**65-0572069**

7. CERTIFICATE OF STATUS REQUIRED  
Applied For ☐ Not Applicable ☒  
\$0.75 Additional Fee required  
for a Certificate of Status

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5a or 5b if (b) blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.  
2) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)  
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

CRONACHER, ROY  
2640 GOLDEN GATE PARKWAY  
SUITE 304  
NAPLES FL 33942

10. If changed, new Registered Agent/Office

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. # etc.  
City  
**1-800-441-7777  
-01/04/95--01011--000  
\*\*\*\*191.25 \*\*\*66191.25  
FL**

10a. Pursuant to the provisions of sections 620.101, 620.102, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registry/  
Document Number

CRONACHER DEVELOPMENT CORP  
COLLIER COUNTY HOUSING AUTH

2640 GOLDEN GATE PARK  
2640 GOLDEN GATE PARK

NAPLES FL 33942  
NAPLES FL 33942

L39534  
N38760

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I, the undersigned, certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I release the Division of Corporations from any liability it may incur in reliance on the information supplied, except as to the extent that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that the undersigned shall have the same legal effect as if made under oath. I further certify that I am a general partner of the limited partnership, receiver or trustee as provided in the certificate of formation, and that I am a resident of the State of Florida.

SIGNATURE

Typed or Printed Name of General Partner Signing For

*Roy W. Cronacher, Jr. Pres*  
**Cronacher Development Corp. G.P.**

DATE

**12-15-95**

Telephone Number

**941-649-8606**