

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 12 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K31188 (1)**

1. Corporation Name  
**COLLIER COUNTY HOUSING, INC.**



Principal Place of Business <b>2121 CR 951 SUITE 103 NAPLES FL 33999 US</b>	Mailing Address <b>2121 CR 951 SUITE 103 NAPLES FL 33999 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1810 SFC BLVD SUITE, Apt. #, etc. 22 UNIT 10 City &amp; State 23 NAPLES FL Zip 24 34109</b>	2a. Mailing Address <b>26 1810 SFC BLVD SUITE, Apt. #, etc. 27 UNIT 10 City &amp; State 28 NAPLES FL Zip 29 34109</b>	Country <b>25 FLORIDA 30 FLORIDA</b>
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3. Date Incorporated or Qualified <b>08/12/1988</b>	4. FEI Number <b>65-0068413</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**DAMICO, DARRYL J.  
2121 CR 951  
SUITE 103  
NAPLES FL 33999**

10. Name and Address of New Registered Agent

B1 Name <b>DAMICO DARRYL J</b>
B2 Street Address (P.O. Box Number is Not Acceptable) <b>1810 SFC BLVD</b>
B3 <b>UNIT 10</b>
B4 City <b>NAPLES</b>
B5 Zip Code <b>FL 34109</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **4-28-98**

12. OFFICERS AND DIRECTORS

TITLE <b>DP</b>	DELETE <input type="checkbox"/>
NAME <b>DAMICO, DARRYL J.</b>	
STREET ADDRESS <b>2121 CR 951, SUITE 103</b>	
CITY-ST-ZIP <b>NAPLES FL</b>	
TITLE <b>DS</b>	DELETE <input type="checkbox"/>
NAME <b>DAMICO, BRADLEY T.</b>	
STREET ADDRESS <b>2121 C.R. 951, SUITE 103</b>	
CITY-ST-ZIP <b>NAPLES FL</b>	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>DP</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME <b>DAMICO, DARRYL J</b>	
1.3 STREET ADDRESS <b>1810 SFC BLVD UNIT 10</b>	
1.4 CITY-ST-ZIP <b>NAPLES FL 34109</b>	
2.1 TITLE <b>DS</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME <b>DAMICO, BRADLEY T</b>	
2.3 STREET ADDRESS <b>1810 SFC BLVD UNIT 10</b>	
2.4 CITY-ST-ZIP <b>NAPLES FL 34109</b>	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 of the recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, without address.

SIGNATURE *[Signature]* DATE **4-18-98**

CP2E034 (10/97)