05-05-1999 90171 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # K31188**

 Corporation 	n Name				
COLLIER	COUNTY HOUSING, INC.				
D. Janet Division		Mailing Address	<u> </u>	10510 180	AN BURN AFRIK BURN GIBN BIRN TROI
1810 J & C BL! Unit 10	VU .	1810 J & C BLVD UNIT 10			
NAPLES FL 34109 NAPLES FL 34109				DO NOT WRITE IN THIS SPACE	
US US				3. Date incorporated or Qualifed 08/12/1988	
Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21		26		65-0068413	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27 27 27 27 27 27 27 27 27 27 27 27 2					Fee Required
L 17 11 11 11 11 11 11 11 11 11 11 11 11		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	ed Agent
DAM	IICO DADDVI I		81 Name		
DAMICO, DARRYL J. 1810 J & C BLVD		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
UNITE 10			83		
	LES FL 34109				
			84 City	F	Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was aut ations of, Section 607,0505, Flori	da Statutes.	ion's board of directors. Thereby accept the ap	pointment as registered
SIGNATURE				ed when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS			Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DP OFFICERS AF	DELETE	1.1 TITLE	TODATION OF THE PROPERTY OF TH	Change Addition
NAME	DAMICO, DARRYL J.		1.2 NAME		
STREET ADDRESS	1810 J & C BLVD UNIT 10		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34109		1.4 CITY-ST-ZIP		Change
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAMICO, BRADLEY T. 1810 J & C BLVD UNIT 10	•	2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS	NAPLES FL 34109		2. 4 CITY-ST-ZIP		
CITY-ST-ZIP	INTELOTE OFFICE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition (
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP	<u> </u>	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME 6.3 STREET ADDRESS		
I STREET ARROSESS			= 2.0 0 HILL ADDITEOU		

CITY-ST-ZIP on sopplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 supplied to the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address, with all other like empowered. 14. I hereby certify that the informindicated on this annual about officer or director of the control Block 12 or Block 13 if change

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

Daytime Phone #

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