


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90519 034 \*\*\*\*61.25

**DOCUMENT # N03000008167**

1. Entity Name  
**COLLIER COUNTY HOUSING DEVELOPMENT CORPORATION**



Principal Place of Business  
**5801 PELICAN BAY BLVD STE 300  
 NAPLES, FL 34108**

Mailing Address  
**5801 PELICAN BAY BLVD STE 300  
 NAPLES, FL 34108**

2. Principal Place of Business  
**895 10<sup>th</sup> St. So.**

3. Mailing Address  
**895 10<sup>th</sup> St. So.**

Suite, Apt. #, etc.  
**202C**

Suite, Apt. #, etc.  
**Suite 202C**

City & State  
**Naples, FL**

City & State  
**Naples, FL**

Zip  
**34102**

Country  
**Collier**

Zip  
**34102**

Country  
**Collier**

50045467



04262005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**38-3695928**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CECIL, W. JEFFREY ESQ  
 5801 PELICAN BAY BLVD STE 300  
 NAPLES, FL 34108**

7. Name and Address of New Registered Agent

Name  
**Katherine Patterson**

Street Address (P.O. Box Number is Not Acceptable)  
**895 10<sup>th</sup> St. So.**

**Suite 202C**

City  
**Naples**

FL Zip Code  
**34102**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Katherine Patterson Executive Director** DATE **4-25-05**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FOSTER, JOSEPH G 5801 PELICAN BAY BLVD STE 300 NAPLES, FL 34108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ELLIS, DAVID 4779 ENTERPRISE WAY NAPLES, FL 34104</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CECIL, W JEFFREY 5801 PELICAN BAY BLVD STE 300 NAPLES, FL 34108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S TATRO, THOMAS 999 VANDERBILT BEACH RD PO BOX 412021 NAPLES, FL 341013021</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Katherine C. Patterson 895 10<sup>th</sup> St. So. Naples, FL 34102</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Katherine C. Patterson Executive Director** DATE **4-25-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Katherine C. Patterson**

239-434-2897  
 2897