

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90030 011 \*\*\*\*61.25

DOCUMENT # N03000008167  
1. Entity Name  
COLLIER COUNTY HOUSING DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address  
895 10 TH ST S 895 10 TH ST S  
202 C 202 C  
NAPLES FL 34102 NAPLES FL 34102



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 3050 N Horseshoe Dr  
Suite, Apt. #, etc. 115  
City & State Naples, FL  
Zip 34104 Country USA

3. Mailing Address 3050 N Horseshoe Dr  
Suite, Apt. #, etc. 115  
City & State Naples, FL  
Zip 34104 Country USA

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. JEFFEREY  
5801 PELICAN BAY BLVD  
SUITE 300  
NAPLES FL 34108

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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: D NAME: CHESSER, CHRIS STREET ADDRESS: 3070 COTTAGE GROVE AVE CITY-ST-ZIP: NAPLES FL 34112	<input type="checkbox"/> Delete
TITLE: S NAME: DENSON, ANTHONY STREET ADDRESS: 503 14TH ST N CITY-ST-ZIP: NAPLES FL 34102	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: CECIL, W JEFFREY STREET ADDRESS: 5801 PELICAN BAY BLVD STE 300 CITY-ST-ZIP: NAPLES FL 34108	<input type="checkbox"/> Delete
TITLE: SD NAME: TATRO, THOMAS STREET ADDRESS: 999 VANDERBILT BEACH RD PO BOX 412021 CITY-ST-ZIP: NAPLES FL 34101-3021	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: DURSO, MARY ANN STREET ADDRESS: 11145 TAMIAMI TRAIL E CITY-ST-ZIP: NAPLES FL 34113	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: SETTLE, MATT STREET ADDRESS: 701 FIFTH AVE S CITY-ST-ZIP: NAPLES FL 34102	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: NAME: STREET ADDRESS: 13540 Old Livingston Rd CITY-ST-ZIP: 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: STREET ADDRESS: CITY-ST-ZIP:	<input checked="" 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: Settle, Brian STREET ADDRESS: 350 Seventh St. N CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *W. Jeffrey Cecil* Director 4/2/07 239-593-2950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #