

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38760

FILED
Jan 07, 2009
Secretary of State

Entity Name: COLLIER COUNTY HOUSING AUTHORITY'S LAND ACQUISITION - NEW DEVELOPMENT, INC.

Current Principal Place of Business:

C/O ESMERALDA SARRATA
1800 FARM WORKER WAY
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

C/O ESMERALDA SARRATA
1800 FARM WORKER WAY
IMMOKALEE, FL 34142

New Mailing Address:

FEI Number: 65-0238516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERRATA, ESMERALDA
1800 FARM WORKER WAY
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: SERRATA, ESMERALDA
Address: 1800 FARM WORKER WAY
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: BORDEN, DAVID
Address: 2600 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL

Title: VP () Delete
Name: PRICE, STEVE
Address: 1400 NORTH 15TH STREET
City-St-Zip: IMMOKALEE, FL

Title: P () Delete
Name: BARNHART, BERNARDO
Address: 614 NEW MARKET RD W
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESMERALDA SERRATA

ED

01/07/2009

Electronic Signature of Signing Officer or Director

Date