

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742136

**Entity Name:** HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

**Current Principal Place of Business:**

11145 TAMIAMI TRAL EAST  
NAPLES, FL 34113

**Current Mailing Address:**

11145 TAMIAMI TRAL EAST  
NAPLES, FL 34113 US

**FEI Number:** 59-1834379

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CUNNINGHAM, JOHN  
1070 S COLLIER BLVD  
#401  
MARCO ISLAND, FL 34145 US

*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:** JOHN CUNNINGHAM

02/25/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIR PERSON  
Name MUELLER, MICHAEL  
Address 1109 STRAWBERRY COURT  
City-State-Zip: MARCO ISLAND FL 34145

Title VICE CHAIR  
Name FLYNN-FOX, KATHLEEN  
Address 4851 BONITA BAY BOULEVARD #603  
#603  
City-State-Zip: BONITA SPRINGS FL 34134

Title CEO  
Name LEFKOW, LISA REV.  
Address 1490 NOTTINGHAM DR  
City-State-Zip: NAPLES FL 34109

Title PRESIDENT  
Name KOULOHERAS, NICK  
Address 6130 CYPRESS HOLLOW WAY  
City-State-Zip: NAPLES FL 34109

Title TREASURER  
Name SAMPSON, JOHN  
Address 4451 GULF SHORE BLVD. NORTH  
#1701  
City-State-Zip: NAPLES FL 34103

Title CFO  
Name KACOS, DEAN  
Address 8524 SEVILLA CT  
City-State-Zip: NAPLES FL 34114

Title SECRETARY  
Name DOAR, KATHLEEN ESQ.  
Address 102 CLUBHOUSE DRIVE  
#277  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR  
Name HUBBARD, ED  
Address 7225 PELICAN BAY BLVD  
#705  
City-State-Zip: NAPLES FL 34108

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** DEAN G KACOS

CFO

02/25/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SWIHART, STANARD L  
Address        789 REGENCY RESERVE CIR  
                #4603  
City-State-Zip: NAPLES FL 34119

Title           DIRECTOR  
Name           MILLER, JANET  
Address        2614 TAMIAMI TRAIL N  
                #714  
City-State-Zip: NAPLES FL 34103