

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742136

**FILED**  
**Mar 29, 2018**  
**Secretary of State**  
**CC6230370233**

**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  
841 PARTRIDGE CT  
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

03/29/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title           VC  
Name           SWIHART, STANARD MD  
Address        789 REGENCY RESERVE CIR APT  
                  4603  
City-State-Zip: NAPLES FL 34119

Title           CHAIRMAN OF THE BOARD  
Name           CUNNINGHAM, JOHN W  
Address        841 PARTRIDGE CT  
City-State-Zip: MARCO ISLAND FL 34145

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           VC  
Name           HUBBARD, EDWARD  
Address        785 COCOBAY DRIVE  
City-State-Zip: NAPLES FL 34108

Title           VC  
Name           PETERSON, DOUG  
Address        849 SWAN DR.  
City-State-Zip: MARCO ISLAND FL 34145

Title           VC  
Name           RICE, BOB  
Address        PO BOX 10370  
City-State-Zip: NAPLES FL 34101

**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:** LISA LEFKOW

CEO

03/29/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            SECRETARY  
Name            PASH, DAVID  
Address        3776 BALDWIN LN  
City-State-Zip: NAPLES FL 34116