

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742136

**FILED**  
**Mar 25, 2014**  
**Secretary of State**  
**CC7886292591**

**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:**

DURSO, SAMUEL JM.D.  
1240 EMBER COURT  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name DURSO, SAMUEL JMD  
Address 1240 EMBER COURT  
City-State-Zip: MARCO ISLAND FL 34145

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

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

Title T  
Name CUNNINGHAM, JOHN W  
Address 841 PARTRIDGE CT  
City-State-Zip: MARCO ISLAND FL 34145

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

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

Title VP  
Name GOEBEL, MARK  
Address 1540 GULFSTAR DR. S  
City-State-Zip: NAPLES FL 34112

Title VP  
Name JILK, CRAIG  
Address 4101 GULF SHORE BLVD N  
105  
City-State-Zip: NAPLES FL 34103

**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: SAMUEL DURSO MD**

**PRESIDENT**

**03/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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