

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001976

FILED
May 01, 2017
Secretary of State
CC8534582183

Entity Name: COLLABORATIVE DEVELOPMENT CORPORATION

Current Principal Place of Business:

3628 GRAND AVE
COCONUT GROVE, FL 33133

Current Mailing Address:

3628 GRAND AVE
COCONUT GROVE, FL 33133

FEI Number: 03-0406037

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RASHID, JIHAD S
2983 WASHINGTON STREET
COCONUT GROVE, FL 33133 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 DP
Name RASHID, JIHAD S
Address 2983 WASHINGTON STREET
City-State-Zip: COCONUT GROVE FL 33133

Title D
Name RIVERS, BRENDA
Address 3627 SW 37 AVE. #15
City-State-Zip: COCONUT GROVE FL 33133

Title D, CHAIRMAN
Name SIMMONS, EUGENE
Address 200 SE MIAMI AVE
1400
City-State-Zip: MIAMI FL 33131

Title D
Name FALES, GORDON
Address 6815 PALLAZZO ST
City-State-Zip: CORAL GABLES FL 33146

Title D
Name GIBSON, THELMA
Address 3661 FRANKLIN AVE
City-State-Zip: COCONUT GROVE FL 33133

Title DS
Name ZUB, JENIFER HOWARD
Address 4701 SW 76 TERRACE
City-State-Zip: MIAMI FL 33143

Title DT
Name RODRIGUEZ, ELI
Address 55 ALHAMBRA PLAZA
600
City-State-Zip: CORAL GABLES FL 33134

Title D
Name DISTON, GLEN
Address 3715 GRAND AVE
City-State-Zip: COCONUT GROVE FL 33133

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: JIHAD S. RASHID

PRESIDENT & CEO

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name BARTON, MERLINE
Address 3651 CHARLES AVE
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name LEWIS, CRYSTEL
Address 627 SW 27 AVE
1117-06
City-State-Zip: MIAMI FL 33135-2937

Title DIRECTOR
Name GILCHRIST, JACQUIN P
Address 2525 PONCE DE LEON BLVD
300
City-State-Zip: CORAL GABLES FL 33134